



2021-2022



Allen College
UnityPoint Health

ALLEN COLLEGE ASSESSMENT PLAN

Report of College Goals Achievement

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Allen College Goals 2020-2024

1. Prepare outstanding healthcare practitioners who are committed to lifelong learning.
2. Develop and implement accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.
3. Recruit and retain highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.
4. Promote a commitment by all members of the Allen College community to lives of service.
5. Adopt management practices that demonstrate outstanding stewardship of all resources to our constituents.

Allen College Goals Achievement Report

2021-2022 Academic Reporting Year



College Goals 2020-2024

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Admin - Administration

AU Outcome: Admin 4.0

Allen College has appropriate technology for facilities, resources, and education services.

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Number of FTEs allocated for instructional technology, media services, and, instructional, designer. Target: College provides at least 2.0 FTEs to support faculty technology needs. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers (0.5 is a grant funded position which ended in April 2022) and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. In 2020-21 total FTEs were 3.5 due to the grant funded position. (10/06/2022) Action Plan Impact: The Provost completed the action recommended in the 2020-2021 plan of reviewing the instructional design and AV work volume, and determined that the temporary instructional designer assignment scheduled to end in April 2022 was sufficient for our needs and does not need to be renewed.</p>	<p>Action: Monitor work load of current technology staff and review prior to 2023-24 budget cycle and budget additional staff if deemed necessary. (10/06/2022)</p>
<p>AD: Report - Internal - Number of major requests by Allen College for hardware-software Target: 50% of requests approved Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%.</p>	<p>Action: For the 2022-23 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved.</p>

Admin - Administration

AU Outcome: Admin 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. (10/06/2022)</p> <p>Action Plan Impact: The action plan for 2021-22 was to continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Based on the results there is evidence that our requests are consistently completed/approved, and our hardware/software requests continue to be completed at 100%.</p>	<p>Results will be available going forward as a report was written for Allen College for the needed information can be obtained. (12/21/2022)</p> <p>Follow-Up: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%. (12/21/2022)</p>
<p>SL: Survey - Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) Target: 75% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>Students are surveyed for this measure every other year. In 2021-22, of the 85 students who answered this question, 81 (95.29%) rated the quality of services provided by the Barrett Library staff as good (n = 27, 31.76%) or excellent (n = 54, 63.53%). When comparing this to the previous survey in 2019-20, of the 110 students that answered this question, xx (95%) rated the quality of services provided by the Barrett Library staff as good (n = , 48.3%) or excellent (n = ,46.6%).</p> <p>The positive trend is noticeable when comparing the last three surveys: 2017-18 of 93%, 2019-20 of 95% and 2021-22 of 95% for students who rated the quality of services provided by the Barrett Library staff as good or excellent. The target has consistently been exceeded by more than 17-20 percentage points the last three times the survey has been administered. (02/23/2022)</p> <p>Action Plan Impact: Per the last proposed action plan, the library budgeted or obtained funding to maintain or increase library assistant hours to better serve students, and continued to update library resources to accommodate students' learning styles and technology needs.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of our faculty and students to ensure the target of favorable responses continues to be met or exceeded. Target will be increased for 2023-24 to 85% due to favorable trend in survey responses. (02/23/2022)</p> <p>Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
	This action plan appears to have been effective in facilitating achievement of the target for the current reporting year.	
<p>SL: Survey - Library Survey Question: How would you rate the quality of Barrett Library’s online resources (poor, average, good excellent)? Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In 2021-22, of the 113 students who answered this question, 3 respondents reported never using the Barrett Library's online resources. Of the 110 other respondents 95 (86%) rated the online resources excellent (n = 34, 31%) or good (n = 61, 55%). When compared to the previous survey in 2019-2020 129 (86%) rated the quality of online resources excellent (39.3%) or good (46.7%), and in 2017-2018 (question was slightly different; it asked about physical and online resources): 119 (87.5%) rated physical and online resources excellent (45.6%) or good (41.9%). These results indicate students have consistently rated the library's online resources good or excellent. (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students, to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022)</p>
<p>SL: Survey - Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library’s physical and online collections (poor, average, good excellent)?") Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the 99 students answering this question, 26 reported not having used the resources. Of the 73 students who had used the resources, 68 (93%) rated the library's collections and physical resources excellent (n = 32, 44%) or good (n = 36, 49%). (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students which changes annually due to program curricular updates, to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022) Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>
<p>AD: Survey - Library Survey</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: Barrett Library will continue</p>

Admin - Administration

AU Outcome: Admin 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy, very easy) Target: 75% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library. Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Target Met: Yes Of the 97 students answering this question, 92 (95%) reported it is very easy (n = 37, 38%) or somewhat easy (n=55, 57 %) to find the physical materials they are looking for in the library. 2019-2020 Survey: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%). The target for this measure has consistently been exceeded by 14-20 percentage points the last three times the survey has been administered. (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year.</p>	<p>monitor needs of physical and on-line resources to effectively and sustainably provide library resources while providing greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Target will be increased for 2023-24 to 85% due to the favorable trend in survey responses. (02/23/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “24. The equipment in the lab facilities is kept up to date.” Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Lab facilities from the SSI reports that 88% of students rated this item important or very important and 75% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2020-21 results of 69% satisfaction, this is a 6% increase which is trending in the right direction toward the goal of at least 80%. (10/06/2022) Action Plan Impact: The action plan for 2021-22 was to monitor and maintain the lab facilities and looked for ways to update. In 2021-22 sonography equipment was added to the DMS lab. Two grants were applied for to update the simulation and skills lab facilities and simulation equipment, the outcomes of which are not yet known. The Nursing skills lab received new clinical female and male pelvic trainers. These efforts were possibly contributing factors to the positive score trend.</p>	<p>Action: Continue to update lab facilities for appropriate equipment and setting. Many projects are in process for 2022-23 to increase/update lab facilities. Current plans are underway to complete an anatomy lab in early 2023 for DPT. We also submitted a three year Title III grant that includes simulation equipment and should have a funding answer in late 2022. Continue to collaborate with the hospital and other UPH facilities to acquire lab equipment (possible Sim Anne and sonography equipment are examples). (10/06/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz</p>		

Admin - Administration

AU Outcome: Admin 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Student Satisfaction Inventory—Satisfaction with “39. On the whole, the school is well- Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The maintaining of the school from the SSI reports that 89% of students rated this item important or very important and 94% were satisfied, indicating a -5% performance gap. This is an improvement by 1% in student satisfaction from the 2020-21 SSI survey. (10/06/2022) Action Plan Impact: Our 2021-22 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2021-22 campus updates such as new patio furniture, renovation to Gerard Hall faculty offices and student collaboration space, and classroom AV and Gerard Hall bathroom updates are examples of ongoing campus maintenance that most likely contributed to this positive outcome.</p>	<p>Action: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as DPT anatomy lab renovation, DPT secure access to their programmatic space, campus card access updates, security mirrors for Winter Hall entrance, and orchard maintenance. (10/06/2022)</p>

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Allen College courses will reflect Quality Matters standards.

Outcome Status: Active

Start Date: 07/01/2015

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Survey - Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. Target: 95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (8/8) of Graduate Nursing courses reviewed achieved a 3.0 or above, compared to 2020-2021 where 100% (9/9) of courses reviewed achieved a 3.0 or above. This demonstrates no change, but at the top performance. No Undergraduate Nursing courses were reviewed this academic year 100% (60/60) of Health Science Courses Reviewed achieved a 3.0 or above compared to 2020-2021 where 98% (63/64) courses reviewed had achieved a 3.0 or above. This demonstrated improvement and achieving top performance EdD 100% (4/4) ; 3/3 OT 95% (20/21); 21/21</p>	<p>Action: No action plan was proposed for the 2022-2023 academic/reporting year. (05/18/2023)</p>

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
agree) scale. Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. Responsible Parties: TLC Chair and Committee Members	PH no data MLS 100% (11/11); 13/13 ASR 100% (17/17); 23/23 100% of the Allen College courses reviewed during this cycle achieved a 3.0 or above on the eight-item course evaluation tool. (02/02/2023) Action Plan Impact: Goal met.	

AU Outcome: TLC 3.0

Graduates will demonstrate commitment to lifelong learning

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Survey - Alumni survey lifelong learning item: Which of the following activities have you been involved in since graduating from Allen College? Select all that apply. Target: 100% of alumni will report at least one lifelong learning activity since graduating from Allen College. Timeframe: Annually Responsible Parties: Evaluation and Study Committee/TLC Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: No Each program's alumni survey contains the following question: "Which of the following activities have you been involved in since graduating from Allen College? Select all that apply." No alumni survey data were reported by the DMS and PH programs. It is unknown if these programs surveyed their 2020-2021 graduates. Of the 2020-2021 graduates (n = 261) who were surveyed by their respective programs, 87 returned the alumni survey. Of these 87 alumni, 65 (75%) reported having been involved in at least one lifelong learning activity since graduating from Allen College. See attached report. These results indicate a decrease in performance compared to the 2020-2021 academic year when 100% of 2019-2020 grads who received the lifelong learning question on their alumni surveys selected at least one lifelong learning activity, which indicated an improvement since the 2019-2020 academic year. Context: This measure was created to assess College Goal 1 "Prepare outstanding healthcare practitioners who are committed to lifelong learning." TLC Outcome 3.0 "Graduates will demonstrate commitment to lifelong learning," was created to operationalize College Goal 1. (09/23/2022)	Action: No action plan was ever proposed for the 2022-2023 academic year. (06/18/1923)

Admin - Teaching & Learning Committee

AU Outcome: TLC 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: Per the action plan proposed by TLC for the 2021-2022 academic year, TLC would continue to evaluate the measure yearly, and if the target was not achieved there would be an investigation into possible reasons and solutions. In previous TLC meetings it was acknowledged that simply asking the question about lifelong learning on alumni surveys and reporting the lifelong data would not instill the value of lifelong learning in Allen College students and ensure that the value was carried forward into graduates' lives.</p> <p>Related Documents: Lifelong Learning Activities Reported by 2020-2021 Grads.pdf</p>	

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Students will practice proper radiation protection

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of ≥ 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.94. This year's average score of 3.95 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. Fall 2021 = 3.95 (n=13) Previous data: 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) 2016 = 3.89 (n=13) (08/30/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructors continue to</p>	<p>Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. (08/30/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction and guidance enables the students to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum.</p>	
<p>SL: Clinical evaluation tool - RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17</p> <p>Target: Average score of ≥ 3 (0-4 pt. scale)</p> <p>Timeframe: Level II-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.98. This year's average score is slightly higher at 4.0. This years data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently.</p> <p>2022 = 4.0 (n=17)</p> <p>Previous data:</p> <p>2021= 3.98 (n= 16)</p> <p>2020 no data to assess, this program requirement was waived for this cohort due to COVID-19.</p> <p>2019 = 4 (n=12)</p> <p>2018 = 3.96 (n=12)</p> <p>2017 = 3.96 (n=15)</p> <p>2016=3.96 (n=17)</p> <p>2015=3.96 (n=15)</p> <p>(08/30/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2020-2021 was successful. Each student's performance demonstrated clinical proficiency and competency in providing radiation protection. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection.</p>	<p>Action: To continue to exceed the benchmark for this measure during the 2022-2023 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. (08/30/2022)</p>

AU Outcome: ASR 1.2

Students will apply correct positioning skills

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 145 Certification Testing/ Part I, numbers 3,12,14,15</p> <p>Target: Average score of >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2022, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.98. This is slightly higher than last year's average of 3.93. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills during radiography procedures.</p> <p>2022= 3.98 (n=10)</p> <p>Previous data:</p> <p>2021= 3.93 (n=17)</p> <p>2020= 3.92 (n=16)</p> <p>2019= 3.88 (n=13)</p> <p>2018= 3.86 (n=14)</p> <p>2017 = 4 (n=12)</p> <p>2016= 3.96 (n=16)</p> <p>2015=3.79 (n=17)</p> <p>2014=3.86 (n=15)</p> <p>(08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program.</p>	<p>Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess this item. (08/31/2022)</p>
<p>SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15</p> <p>Target: Average score of >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level II-Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This score is very consistent when comparing it to all prior data through 2016. All cohorts starting in 2016 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures.</p> <p>2021=3.96(n=17)</p> <p>Previous data:</p>	<p>Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	2020=3.95 (n=16) 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting.	classroom and lab. (08/31/2022)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11</p> <p>Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.27. This year's average score of 3.52 is an increase when compared to 2020 and 2019. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting.</p> <p>2021: 3.52 (n=13) Previous data: 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. (08/31/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
	<p>instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care.</p>	
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II -Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.66. This year's average score demonstrated an increase with a score of 3.92. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting.</p> <p>Spring 2022 = 3.92 (n=17)</p> <p>Previous data:</p> <p>2020-2021 = 3.66 (n=16)</p> <p>2019-2020 = 3.86 (n=10)</p> <p>2018-2019 = 3.9 (n=12)</p> <p>2017-2018 = 3.78 (n=12)</p> <p>2016-2017 = 3.95 (n=15)</p> <p>2015-2016 = 3.97 (n=17) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting.</p>	<p>Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.94. This score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2017. Based on the</p>	<p>Action: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee</p>	<p>consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting. 2021 = 3.94 (n=13) Previous data: 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting.</p>	<p>guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2015. Students consistently demonstrate effective communication skills in the clinical setting. 2022 = 4 (n=17) Previous data: 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) (08/31/2022)</p>	<p>Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. (08/31/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: As proposed in the 2020-2021 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication.</p>	

AU Outcome: ASR 2.2

Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

Outcome Status: Active

Start Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA115 Patient Care Presentation was 96%. This year's average score of 97.7% is slightly higher, yet remains consistent. Students continue to earn an average score of 96% or higher since 2017. This data shows that students consistently continue to practice effective written communication skills. 2021= 97.7% (n=12) Previous data: 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research papers. The action plan was effective. In text citation seems to be the biggest issue when it comes to the students' papers. Overall, students continue to demonstrate effective written communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to remind students of the resources available on the Allen College website. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: The course instructor will</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Target Met: Yes In Fall 2020, the average score of the RA258 Pathology Systems Presentation was 98%. This year's average score of 94.8% is slightly lower. Students continue to exceed benchmark with continually receiving a score of 94.8% or higher since 2017. The students demonstrate the ability to practice effective written communication skills. 2021=94.8% (n=17) Previous data: 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan is effective. Even with a lower score this year when compared to prior years, the student's continue to exceed benchmark. Each student completes two papers during the course. The majority of students struggled and had points deducted in the format section of the paper, this was due to spelling errors and APA formatting errors. Allen College website has multiple resources available to the students for writing help. Overall, the students continue to practice effective written communication skills.</p>	<p>continue to discuss the paper requirements with the students and encourage them to review APA guidelines. (08/31/2022)</p>

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)

Outcome Status: Inactive

Inactive Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA115 Patient Care Presentation was 92.6%. This is slightly lower than last year's average score of 99%. While the current data is slightly lower, benchmark continues to be exceeded. All students continue to demonstrate effective oral communication skills. 2021=92.6% (n=12)</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to assist them when writing their papers.</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Previous data: 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss paper requirements with the students. All papers in the RA115 course were presented in person. Ten of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. This can be reduced by having the students practice their presentations before presenting them. Overall, the action plan was effective and all students continue to demonstrate effective oral communication skills.</p>	<p>(08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>This year's average score of the RA258 Pathology Systems Presentation was 94.8%. This is consistent with last year's average score of 95%. When looking data from 2017-2021, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills.</p> <p>2021=94.8% (n=17)</p> <p>Previous data: 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2021-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor continues to remind the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research paper. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear. One paper did not discuss the reason for the selection of the pathology topic, and 3 student paper presentations did not meet the requirements of the 8 minutes in length. Overall, the action plan was effective as all students demonstrated effective oral communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to them to assist with writing their research papers. (08/31/2022)</p>

AU Outcome: ASR 3.1

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 255 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II-Summer Semester Responsible Parties: RA: 255 Course Instructors/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA255 Radiographic Image Analysis Worksheets was 90%. This is just slightly lower than Summer 2020's average score of 91.94%. Overall, the student's have consistently exceeded benchmark since 2016 demonstrating their ability to appropriately critique radiographic images. 2021 = 90% (n=17) Previous data: 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) 2017=87.75% (n=12) 2016: 90.19% (n=16) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. This text offers multiple images to assist the students in mastering critically analyzing and critiquing images. The action plan was effective. Overall, all students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images.</p>	<p>Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. (09/01/2022)</p>
<p>SL: Didactic - RA: 265 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA265 Radiographic Image Analysis Worksheets was 91.69%. This year's average score is slightly lower at 88.88%. This is not considered a significant decrease. Since 2017, all cohorts consistently score an average of 88-93%. The students demonstrated the ability to appropriately critique radiographic images. 2021=88.88% (n=17) Previous data 2020 = 91.69% (n=16) 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12) 2017 = 88.83% (n=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the</p>	<p>Action: The instructor will continue to assign learning opportunities from the new 5th edition textbook. The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. (09/01/2022)</p>

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AU Outcome: ASR 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	worksheets for clarity and accuracy with the new edition text. The action plan was effective. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. Although there was a slight decrease in the overall average for this cohort when compared to the prior year, this cohort scored much the same as 2019. Students are encouraged to make the most of the time allotted for completing this assignment, but some still choose to wait until just before the due date to access the worksheet. Worksheets are allowed 2 attempts, and the scores are averaged, but some students choose to only complete it one time.	

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams. Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Spring 2022, only 71% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. With a benchmark of 80%, this is the second year in a row where benchmark was not met demonstrating that not all students could effectively practice critical thinking. Prior to 2021, all cohorts consistently exceeded benchmark. 2022 = 71% (n = 17) achieved a 70 or greater on one of the four exams. Previous data: 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor restructured the scheduling of the first exam based off of student feedback. The instructor continues to encourage time management skills for comprehensive review and continues to</p>	<p>Action: To meet or exceed benchmark for the 2022-2023 year, the instructor will review the guided review assignments and consider revisions that may better assist the students in achieving at least a 70 score on one of the 4 Corectec exams. The instructor will also share the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, in Sp23 the RA275 Professional Development Practicum course instructors will consider requiring attendance for both days of the student seminar and applying the mock board score the students</p>

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AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>encourage the use of all learning resources throughout the course. Based on student feedback from the Sp21 course offering, the first exam was scheduled 9 days after the end of spring break compared to only 4 days after spring break in Sp21. The change in exam date scheduling had no impact on the first attempt exam scores. This action plan was not effective. Not all students were able to demonstrate the ability to practice critical thinking.</p>	<p>earn at the seminar towards the RA275 course grade. (09/01/2022)</p>
<p>SL: Didactic - RA:154 CT Topic Presentation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA154 CT Topic Presentation was 96.24%. This year's average score of 96.75% is consistent with prior data and benchmark continues to be exceeded. This is only the second year that this measurement tool has been used so no additional data is available. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2022 = 96.75% (n=8) Previous data: Spring 2021 = 96.24% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment.</p>	<p>Action: To continue to exceed benchmark for the 2022-2023 year, the instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. (09/01/2022)</p>

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: RA: 145 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.65. This year's average score is almost exact at 3.66. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 3 years. Students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>Spring 2022 = 3.66 (N =10)</p> <p>Previous data:</p> <p>2020-2021 3.65 (N=18)</p> <p>2019-2020 3.6 (N=16)</p> <p>2018-2019 3.36 (N=13)</p> <p>2017-2018 3.53 (N=14)</p> <p>2016-2017 3.63 (N=12) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is a slight increase compared to the previous year. The student scores were higher than the previous year in the Application on Knowledge, Self-Image for Level in the ASR Program, and Composure and Adaptability. In the area of ability to follow directions there was no change over the prior year. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting.</p>	<p>Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level II- Fall Semester</p> <p>Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.75. This year's score was slightly lower at 3.57. This is the lowest score when looking at data from 2017 to the present, but the decrease would not be considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>2021: 3.57 (n=17)</p> <p>Previous Data:</p> <p>2020: 3.75 (n=16)</p> <p>2019: 3.86 (n=11)</p>	<p>Action: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (09/01/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	2018: 3.81 (n=12) 2017: 3.79 (n=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark; however, the students' scores decreased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting.	

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Service - RA:135 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level I-Fall Semester Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA135 Community Service/Service Learning Evaluation was 88.80%. This year's score was significantly lower at 77.46%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2017 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2021 = 77.46% (n=13) Previous data: 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) 2016 = 72% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan	Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. (09/01/2022)

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>was not effective for this cohort. One student stopped participating in the course and did not submit a paper resulting in a zero. Many of the deductions were in the research and writing portion of the grade rubric. Many had APA errors and did not follow assignment instructions. Some students offered minimal reflection of the activity and minimal research of the organization and the overall cause. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	
<p>SL: Service - RA: 265 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA265 Community Service/Service Learning Evaluation was 84.56%. This year's score was significantly lower at 71.41%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2018 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. The assignment instructions and grade rubric were discussed face to face with all students the first day of the semester. Students were provided with links to writing resources within the assignment description in Blackboard. One student was advised for an Academic Integrity violation for plagiarism which resulted in a reduced score. One student only completed 2.5 hours of the required 9 hours which resulted in a low score. One student submitted the assignment late resulting in a 10% grade reduction on the total grade. One student received a 32% total score due to a poor-quality unprofessional paper; this student was advised. A few papers were submitted that did not respond to all assignment questions and/or provided limited research and reflection. Most deductions were in the writing and research portions of the grade rubric. Overall, all students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The instructors will place the paper assignment instructions within the assignment drop box in Blackboard instead of in the syllabus. The 9-hour requirement will be stated/bolded within the grade distribution section of the syllabus. Students will be provided with additional APA resources. (09/01/2022)</p>

AU Outcome: ASR 4.2

Students will practice professionalism

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: The clinical</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I- Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.34. This year's average score of 3.47 was slightly higher, yet consistent with prior data. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism.</p> <p>2021: 3.47 (n=13)</p> <p>Previous data:</p> <p>2020: 3.34 (n=22)</p> <p>2019: 3.51 (n=19)</p> <p>2018: 3.68 (n=13)</p> <p>2017: 3.68 (n=14)</p> <p>(09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in the areas of the performance criteria, organization of assignments, initiative, policies and procedures, and ethical and professional behaviors. There was a decrease in the area of student appearance from last year. Overall, the students to continually demonstrate their ability to practice professionalism.</p>	<p>instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior.</p> <p>(09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:275</p> <p>Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.65. This year's average score was higher at 3.86. Looking at data from 2016 to the present, this year's average score was the highest out of all cohorts. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism.</p> <p>Spring 2022 = 3.86 (n =17)</p> <p>Previous data:</p> <p>2021: 3.65 (n=16)</p> <p>2019: 3.51 (n=19)</p> <p>2018: 3.68 (n=13)</p> <p>2017: 3.68 (n=14)</p> <p>2016: 3.6 (n=13) (09/01/2022)</p>	<p>Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students.</p> <p>(09/01/2022)</p>

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students’ average scores in all areas increased over prior yeas; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. Some of the comments on the evaluations were: Student are taking initiative to be involved in the exams and keep busy. The students continue to demonstrate their ability to practice professionalism.</p>	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.2

Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Case Study: Making Changes in Higher Education Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	
<p>SL: Didactic - EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Fall 201 – 4 students</p>	<p>Action: Two specific actions will be incorporated into the course for the next time this is offered. First, the instructor will coordinate with</p>

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Each student will receive an average score of >80%</p> <p>Timeframe: When course is taught</p> <p>Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>75% of students received a score of > 80%</p> <p>Overall average score = 90.83% (sum of students' scores equal 545 out of a cumulative 600 points).</p> <p>These results compare unfavorably to 2019 when 100% of students received a score of > 80% and the average score was 95%. (08/17/2022)</p> <p>Action Plan Impact: For the FA21 offering of this course, two of the four students enrolled in this course were students in their first semester of the EdD program. This was also the first time this course was taught in an eight-week format versus the original 16-week format. The course was not adjusted to take into account this literature review was the first one two students had written at a doctoral level nor for the condensed length of this course. The instructor's approach was to have the students submit the literature review at the conclusion of the course as had been the previous expectation the last time which is reflected in the students' scores. Part of the action plan from 2019 was to make the literature map due earlier in the course to provide feedback and more time to incorporate that feedback into the literature review. It is difficult to evaluate the effectiveness of this the change because of the change to the course delivery of 8 weeks.</p>	<p>the EdD Program Director prior to the semester to determine if any student enrolled in EdD 730 are new to the program. If yes, the instructor will provide extra literature review resources to those students and require the students to provide weekly updates on how their literature review is progressing. The second change will be for each student to submit a draft of preliminary feedback two weeks prior to the due date. (08/17/2022)</p>
<p>SL: Service - EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project</p> <p>Target: 100% of students will receive a score of >= 85%</p> <p>Timeframe: When course is taught (e.g., Fall 2016)</p> <p>Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: NA</p> <p>Course not offered. (08/17/2022)</p> <p>Action Plan Impact: Course not offered.</p>	

AU Outcome: EdD 2.1

Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.

Outcome Status: Active

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 750: Curriculum Theory and Design in the Health Professions – Final Project Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	
<p>SL: Didactic - EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2014, 2017, etc.) Responsible Parties: Program Chair/HS Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. (08/15/2023) Action Plan Impact: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations.</p>	<p>Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. (08/15/2023)</p>
<p>SL: Didactic - EdD 790: Practicum in Health Professions Education –</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA</p>	

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Project Conferences Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	

AU Outcome: EdD 4.1

Students will apply analytical methods and research to develop best practices and practice guidelines.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy Target: 100% of students will receive an average score of >=85% Timeframe: When course taught (e.g., spring, Year 1) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 800: Evidence Based Practice in the Health Professions – Final Written Report Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 810: Methods of Inquiry – Collaborative Group	Reporting Year: 2021 - 2022 (Year 4)	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Activity: Mock Qualitative Research Project Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., 2021, 2024, etc.) Responsible Parties: Program Chair/HS Graduate APG Committee	Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., 2016, 2019, etc.) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 830: Dissertation Seminar – Prospectus Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., summer 2016, summer 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	

AU Outcome: EdD 5.1

Students will advance the scholarship of education in a variety of health science and nursing professions.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - EdD 780: Integrating		

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Evolving Technology in Health Professions Education –Tech Topic Assignment Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 790: Practicum in Health Professions Education – Course Discussions Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 1.0 Critical reasoning community-based systems

Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in community-based systems.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - OT 602 – OT School System Practice, Case Study Intervention Plan Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 4 (Fall)	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score of 91.7% (12/02/2022) Action Plan Impact: The course faculty developed additional opportunities for students to practice writing intervention plans within school-based case studies to increase experience with this skill and therefore increased student success with the performance of the skill. This	Action: The course faculty will continue to develop additional opportunities for students to practice writing intervention plans within school-based case studies to increase experience with this skill

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 1.0 Critical reasoning community-based systems

Measures	Results	Actions
Responsible Parties: Course Instructor/Program Faculty/HS Grad Curriculum Committee	action plan resulted in an increased cohort score.	and therefore increase student success with the performance of the skill. (12/02/2022)

AU Outcome: MS in OT 2.0 Critical reasoning health care settings

Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in health care settings.

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - OT 611 –Clinical Reasoning Assignment Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 5 (Spring) Responsible Parties: Course Instructor/Program Faculty/HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target Met: Yes Average cohort score 91.2 % on the final written clinical reasoning assignment. This compares to an average cohort score in 2021 of 87%. (12/02/2022) Action Plan Impact: Opportunities for clinical reasoning were provided through hands-on learning experiences and virtual learning opportunities leading to improved average cohort scores.	Action: Faculty will provide opportunities for clinical reasoning and discharge planning throughout the semester through multiple experiential learning and virtual learning opportunities. (12/02/2022)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

Students will demonstrate appropriate patient preparation for imaging procedures.

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 Target: Average score of >= 3. (0-4 pt. scale)	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers 4-7, and Part 2 numbers 1-2, is 4.0. This year's score is slightly higher than the Spring 2021 average score of 3.88. This increase in score is not considered significant, as students	Action: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee</p>	<p>continue to consistently demonstrate appropriate patient preparation for imaging procedures. 2022 = 4.0 (n=1) Previous data: 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to educate the students in the MRI clinical environment. Clinical instructors continue to use an evaluation process throughout the student’s clinical rotation to provide them with the opportunity to demonstrate growth. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. The action plan was effective. Program faculty continue to work closely with the clinical instructors to ensure that all staff and students have the tools and resources necessary to provide appropriate care to the patient. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. Clinical competence was demonstrated.</p>	<p>throughout the student’s clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. (09/08/2022)</p>
<p>SL: Didactic - MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 Target: Average score of >= 3 (0-4 pt. scale). Timeframe: Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 4.0. This year’s score is slightly higher than the Spring 2021 average score of 3.75. The students continue to demonstrate appropriate patient preparation for imaging procedures in the clinical environment. Clinical competence was demonstrated. 2022 = 4.0 (n=1) Previous data: 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors</p>	<p>Action: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student’s clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate</p>

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student’s growth and development throughout their clinical rotation. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. Clinical competence was demonstrated. The action plan was effective. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation.	care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. (09/08/2022)

AU Outcome: MI 1.2

Outcome: Students will demonstrate appropriate protocol and parameter selection for imaging procedures.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - MI: 460 Competency Evaluation/CCE Part II, numbers 3, 4, 5</p> <p>Target: Average score of ≥ 3 (0-4 pt. scale).</p> <p>Timeframe: Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2022, the MI 460 Competency Evaluation/CCE Part II, numbers 3-5 average score is 4.0. This is slightly higher than the Spring 2021 average score of 3.9. The students continue to exceed benchmark.</p> <p>2022 = 4.0 (n=1)</p> <p>Previous data:</p> <p>2021 = 3.9 (n=3)</p> <p>2020 = 3.88 (n=3)</p> <p>2019 = 3.98 (n=1) (09/08/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol, coil, and scan parameter selections for various MRI procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 450 MRI Procedures I in this same semester, so</p>	<p>Action: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student’s clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn</p>

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated.	and grow from. (09/08/2022)
<p>SL: Didactic - MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 Target: Average score of >= 3. (0-4 pt. scale)</p> <p>Timeframe: Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, the MI 445 Competency Evaluation/CCE Part II, numbers 3-4 average score is 4.0. This is slightly higher than the Spring 2021 average score of 3.75. The students continue to exceed benchmark. 2022 = 4.0 (n=1) Previous data: 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol and scan parameter selections for various CT procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 435 CT Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated.</p>	<p>Action: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student’s clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. (09/08/2022)</p>

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

Students will apply theory and principles related to laboratory testing

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - Exam scores – MLS 440: Clinical Hematology and</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No</p>	<p>Action: A test bank will be utilized, and students will be given</p>

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Hemostasis Target: 75% of students will receive an average score of $\geq 80\%$ Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee</p>	<p>Fall 2021 – (n=16) 68.75% (11/16) earned an average exam score of $>80\%$.</p> <p>Overall average exam score = 82.8% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3%</p> <p>Last year this target was also not met, but the percentage of students meeting the target increased (fall 2020 results was 26.6% [4/15]). (08/17/2022) Action Plan Impact: Per the 2020-2021 action plan proposed for 2021-2022, the number of exams for this course was increased, and was offered on a new proctoring service. Additionally, students completed exams starting earlier in the course. While the target was not met, results were drastically improved from the previous year. Exams are high-pressure assignments, and this cohort had six exams (2 more than previous cohorts). On one exam students could use notes during the exam. This cohort had some high achieving test scores and some very low scores, indicating a very bipolar response. This action plan appears to have been effective in promoting student success on the exams even though the target was not met.</p>	<p>randomized questions from that test bank. Also, there will be more virtual lab assignments and no on-campus labs which may allow students more time to study since they won't be traveling to campus on exam weeks. (08/17/2022)</p>
<p>SL: Didactic - Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) Target: 75% of students will receive an average score of $\geq 80\%$ Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Spring 2022 (n=16) 12/16 (75%) students received an average score of $>80\%$</p> <p>Overall average = 208.3/250 points (83.3%)</p> <p>Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1%</p>	<p>Action: This course will continue to include four exams (two proctored, two un-proctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will be assessed with the same target. (08/17/2022)</p>

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Spring 2018 (n=9) 55.5% Average score = 81.6%</p> <p>These results demonstrate the target (75% of students will receive an average score of >= 80%) has been inconsistently met (3/5 times) since the 2017-2018 academic year. (08/17/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan proposed for 2021-2022, this course included two proctored and two un-proctored exams prior to clinical rotations and a proctored final exam following clinical rotations. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. A portion of questions in all exams were updated in 2022, and a new proctoring service was piloted. Test banks were used for two of the five exams given, without students knowing which exams originated from test banks. Given the achievement of the target for this measure for two years in a row (75% of students will receive an average score of >= 80%), the action plan seems to have been effective, despite one student not passing the course.</p>	

AU Outcome: MLS 1.2

Students will apply concepts and principles of laboratory operations in a clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - Affective Evaluation – Microbiology Target: 75% of students will receive an average score of >= 80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Spring 2022 (n=13)</p> <p>100% of students received an average score of >80%</p> <p>Overall average = 24.5/25 points (98%)</p> <p>This is a new measure, so there are no previous results for comparison. (08/18/2022) Action Plan Impact: This is a new item for the 2021-2022 academic year, so there was no previous action plan. This is the final semester for students and the third or fourth rotation as</p>	<p>Action: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. (08/18/2022)</p>

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	they progress through the program, so students should be learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety.	
<p>SL: Exam/Quiz - Standardized - MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review Target: 75% of students will achieve a CAT difficulty of 5.0 Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Spring 2022 – 16 students 100% (16/16) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.8 Practice CATs = 6.2 Graded CATs = 7.3</p> <p>2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) <ul style="list-style-type: none"> • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5</p> <p>2021 results are the only results for which a comparison can be made because of changes made at that time. The 2022 results demonstrate an improvement. (08/17/2022) Action Plan Impact: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2020-2021 action plan for 2021-2022 academic year indicated we would continue to require students to complete CAT exams, and we would consider requiring some to be proctored. Instead, we shifted to practice CAT exams and graded CAT exams. The graded CAT exam average was higher which suggests the points motivated students to work differently on those. We also indicated we would incorporate more retrieval practice strategies in this course to better support review work and preparation for the final exam. This information was included in the first 8 weeks of the course, but the effect of this information is unclear.</p>	<p>Action: We will continue to require students to complete practice and graded CAT exams. The grading scale for the graded CAT exams will be updated. (08/17/2022)</p>

AU Outcome: MLS 2.2

Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.2

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical - Advanced Manual Differential Assignments Target: 75% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Fall 2021 – (n=16) 100% (16/16) earned an average exam score of >80%. New measure for this year. (08/18/2022) Action Plan Impact: This assignment was new for this year and was successful; students enjoyed the assignment and requested more assignments using this resource.</p>	<p>Action: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. More assignments will be created using this resource and some ungraded, practice assignments will be created for students to use as a review. (08/18/2022)</p>
<p>SL: Didactic - Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) Target: 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) Timeframe: Annually Responsible Parties: Program Chair/HS Faculty Org Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Spring 2022 – 16 students 75% of students (12/16) received a score of >55% Overall average score = 65.7% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score These results demonstrate that the target (75% of students will receive an average score of >= 55%) was met this year due to revising the target based on previous data. (08/18/2022) Action Plan Impact: Our 2020-2021 action plan for the 2021-2022 academic year indicated we would update at least 25% of the final exam and evaluate the contents to ensure the difficulty level is appropriate. We also planned to use a new additional test prep resource, Davis Edge, to continue to help students study for the comprehensive exam. We also lowered our target to 75% of students will receive a score of >55%. A new final exam was written for spring 2022. The final was split into two 100-question parts. This allowed us to provide a more</p>	<p>Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. (08/18/2022)</p>

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	comprehensive approach to questions aligned with program material. In addition, the course was revised to incorporate more completion tasks rather than awarding points for all course activities. This allowed us to emphasize review activities using a range of resources, including Davis Edge, to allow students to create an individualized study plan.	

AU Outcome: MLS 3.1

Students will maintain competency in the laboratory field of study

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine</p> <p>Target: 75% of students will receive an average score of >80%</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Fall 2021 (n=16)</p> <p>100% (15/15) of students received an average score of >80%</p> <p>Overall average = 43.4/45 points (96.4%)</p> <p>2020 (n=15) = target met (89.1% - overall average)</p> <p>2019 (n=6) = target met (91.7% - overall average)</p> <p>2018 = target not met (91.1% - overall average)</p> <p>2017 = 88.4% (overall average)</p> <p>2016 = 96.2% (overall average)</p> <p>2015 = 90.9% (overall average)</p> <p>These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last three years after not being met during the 2018-2019 academic year. (08/17/2022)</p> <p>Action Plan Impact: The target for this item has been met for three years in a row. In order to meet this target this year, the assignment written instructions and recording were reviewed for clarity. Additional information about deductions for each section of the assignment was included in a new handout—What will earn a deduction? —to provide additional explanation on what was expected in the assignment.</p>	<p>Action: This course was retired as a result of a curriculum update for the 2022-2023 academic year. This measure will be retired. (08/17/2022)</p>

Program (HS) - Medical Laboratory Science (MLS)

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Student will be able to identify determinants of health and illness

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall Semester Responsible Parties: Program faculty / HS APG committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2021, three students earned an average of 75.3% on the final exam. In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. (05/17/2022) Action Plan Impact: Increasing the number of study sessions from two to four did not appear to cause an improvement in student outcomes.</p>	<p>Action: A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years. (05/17/2022)</p>
<p>SL: Didactic - Community needs assessment as part of mid-term project. Target: Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. (05/17/2022) Action Plan Impact: The project was not completed during the last reporting cycle due to a curricular change, with the project moving from PH 440 to PH 420.</p>	<p>Action: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the option to submit early for instructor review. (05/17/2022)</p>

AU Outcome: PH 1.2

Student will be able to identify sources of public health data and information

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - Community needs assessment as part of mid-term project. Target: Successful completion of</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring</p>	<p>Action: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the</p>

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Program (HS) - Public Health (PH)

AU Outcome: PH 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
report Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. (05/17/2022) Action Plan Impact: The project was not completed during the last reporting cycle due to a curricular change, with the project moving from PH 440 to PH 420.	option to submit early for instructor review. (05/17/2022)

AU Outcome: PH 2.1

Student will be able to gather information on policy

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Exam/Quiz - Teacher-made - PH 495 Final Exam Target: Average score >= 80% Timeframe: Summer semester Responsible Parties: PH 495 Course Instructor/HS Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, eight students earned an average of 91.25% on the exam. In Summer 2020, students (n=7) earned an average of 91% on the exam. In Summer 2019, 12 students took the final exam and received an average of 83.41%. (05/17/2022) Action Plan Impact: Eight commonly missed questions on the exam were rewritten or replaced with no significant results on exam scores.	Action: The course will only be taught by one instructor in Summer 2022 instead of being team-taught. Due to the change in instructors, the test will be altered to account for changes in the material presented to students. (05/17/2022)

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and	Action: The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity. (04/28/2023)

Program (HS) - Public Health (PH)

AU Outcome: PH 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	different instructors. [more] (04/28/2023) Action Plan Impact: There was no action plan for this item the previous year.	

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Exam/Quiz - Teacher-made - PH: 410 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam. (05/17/2022) Action Plan Impact: Answers were reviewed for fairness with five questions being rewritten or replaced. Students were allowed to take the exam twice in 2022, though they were not given access to the current answers. Four of the seven students opted to take it a second time, with an average improvement of 10.625 points out of 75 possible.	Action: A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created. (05/17/2022)

AU Outcome: PH 4.1

Student should be able to describe the scientific foundation of the field of public health

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Exam/Quiz - Teacher-made - PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, four students earned an average of 90% on the midterm exam. In Fall 2020, four students earned an average of 100% on the midterm exam. In Fall 2019, three students earned an average of 77.1% on the midterm exam. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam. (05/17/2022) Action Plan Impact: Due to academic honesty issues, an updated version of the text was used and a new test created. This brought the scores down within a more expected range.	Action: The new course materials appear to be effective and scores are in the desired range. Extra credit questions will be added to the exam and the trend closely monitored. (05/17/2022)

Program (HS) - Public Health (PH)

AU Outcome: PH 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, three students earned an average of 75.3% on the final exam. In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. (05/17/2022) Action Plan Impact: Increasing the number of study sessions from two to four did not appear to cause an improvement in student outcomes.</p>	<p>Action: A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years. (05/17/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

Provide basic organizational and systems leadership.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU 251 & NU 252 Nursing Leadership Reflection Target: 100% of students achieve at least 73% on nursing leadership reflection paper. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Traditional (NU 251) In Fall 2021, 92% (26/28) of the students achieved at least 75% on the Leadership Paper (Professional Roles). In Spring 2022, 96% (29/30) of the students achieved at least 75% on the Leadership Paper. Accelerated (NU 252) In Summer 2021, 100% (31/31) accelerated and (6/6) hybrid students achieved at least 75% of the Leadership Reflection paper. In Fall 2021, 100% (33/33) of the students achieved at least 75% on the Leadership reflection paper (10/08/2022) Action Plan Impact: Traditional (NU 251): These results are consistent with the results from the previous academic year. Accelerated (NU 252): These results demonstrate an improved performance on the Leadership Reflection paper. Traditional (NU 251): The assignment directions were revised and edited. This demonstrated increased student understanding but did not achieve the target goal of 100%. Accelerated (NU 252): Leadership reflection guidelines were clarified and more class time was spent discussing leadership qualities.</p>	<p>Action: Traditional (NU 251): Module content over nursing roles will be expanded to include more nursing leadership connections. In small group class activities and group discussions will be added to encourage learning. Accelerated (NU 252): Continue to give specific assignment guidelines. Develop classroom group activity/clinical scenario that requires student identification of nurses' leadership skills and qualities. (10/08/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
	<p>Related Documents: Outcome 1 NU 251 & 252 Nursing Leadership Reflection.docx Outcome 1 SP22 NU251 Nursing Leadership Paper Rubric.docx</p>	
<p>SL: Didactic - NU 460 Change Proposal Team Assignment Target: 100% of students achieve at least 73% on change proposal team assignment. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, 100% (28/28) of students achieved at least 73% on the Team Change Proposal Assignment. In Fall 2021, 100% (55/55) of students achieved at least 73% on the Team Change Proposal. 27/27 Accelerated students and 28/28 traditional student. In Spring 2022, 100% (30/30) of students achieved at least a 73% on the Team Change Proposal. (10/10/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. The assignment is introduced in class and students are given the opportunity to start the assignment and ask questions before it is due. Related Documents: Outcome 1 NU 460 Change Proposal Team Assignment.docx</p> <p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, 100% (28/28) of students achieved at least 73% on the Team Change Proposal Assignment. In Fall 2021, 100% (55/55) of students achieved at least 73% on the Team Change Proposal. 27/27 Accelerated students and 28/28 traditional student. In Spring 2022, 100% (30/30) of students achieved at least a 73% on the Team Change Proposal. (10/08/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. The assignment is introduced in class and students are given the opportunity to start the assignment and ask questions before it is due. Related Documents: Outcome 1 NU 460 Change Proposal Team Assignment.docx</p>	<p>Action: Will continue to introduce this assignment in the class setting. Course faculty will adjust this assignment into two parts and introduce the content for each part separately. (10/10/2022)</p> <p>Action: Will continue to introduce this assignment in the class setting. Course faculty will adjust this assignment into two parts and introduce the content for each part separately. (10/08/2022)</p>
<p>SL: Didactic - RN NU 462 Cause and Effect-Root Cause Target: 100% of students achieve at</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, 100% of the students achieved at least 80% on cause and effect - root cause</p>	<p>Action: In order to continue to meet this target, course faculty will clearly explain this assignment in</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>least 80% on this assignment Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>assignment. (10/10/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. Course faculty explained the content related to how to complete the root cause assignment and be available to answer student questions as they complete the assignment.</p>	<p>the course and provide students ample time to ask questions about the assignment. (10/10/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to provide basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to provide basic organizational and systems leadership. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 85-100% of graduates reported their BSN education prepared them well or very well to perform this outcome. Results are consistent with previous alumni surveys, which have consistently shown that 100% graduates report their BSN Education prepared them well or very well to perform this outcome. (09/30/2022) Action Plan Impact: The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate provides basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that the BSN graduate provides basic organizational and systems leadership well or very well. Timeframe: Annually Responsible Parties: CIRE,</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers participated in the survey of employers of 2020-2021 BSN program graduates, and 8/9 reported that graduates perform well or very well on this outcome. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Evaluation & Study Committee		

AU Outcome: BSN 2.0 EBP

Integrate evidence-based practice in nursing care.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU 380 Evidence Appraisal Assignment Target: 100% of students achieve at least 73% on Evidence Appraisal Assignment Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Summer 2021, 80% (12/15) of the students achieved at least 73% on the Evidence Appraisal Assignment In Fall 2021, 100% (53/53) of the students achieved at least 73% on the Evidence Appraisal Assignment In Spring 2022, 98% (49/50) of the students achieved at least 73% on the Evidence Appraisal Assignment. (10/11/2022) Action Plan Impact: These results are a slight improvement when compared with the results from the previous academic year. Instructions were added to make instructions and expectations more clear. Discussed primary and secondary sources in 2-3 lectures throughout the course (prior to the assignment). Related Documents: Outcome 2 NU 380 Evidence Appraisal Assignment.docx Outcome 2 NU 380 Evidence Appraisal Table.docx</p>	<p>Action: In order to continue to meet this outcome, faculty will revise instructions on the assignment to make expectations more clear and more specific. Course faculty will add Information through lectures on key information (i.e. this is information you will use to write your paper and complete your evidence appraisal). (10/11/2022)</p>
<p>SL: Didactic - RN-NU 380 Evidence Appraisal Assignment Target: 100% of students will achieve at least 73% on the Evidence Appraisal Assignment Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, 100% (8/8) of the students achieved at least 73% on the Evidence Appraisal Assignment (10/11/2022) Action Plan Impact: These results are a slight improvement when compared with the results from the previous academic year. Instructions were added to make instructions and expectations more clear. Discussed primary and secondary sources in 2-3 lectures throughout the course (prior to the assignment).</p>	<p>Action: In order to continue to meet this outcome, faculty will revise instructions on the assignment to make expectations more clear and more specific. Course faculty will add Information through lectures on key information (i.e. this is information</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 2.0 EBP

Measures	Results	Actions
		you will use to write your paper and complete your evidence appraisal). (10/11/2022)
<p>AD: Survey - Alumni Survey item: How well BSN education prepared you to integrate evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to integrate evidence-based practice in nursing care. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 97% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well.</p> <p>Results are consistent with previous alumni surveys, which have consistently shown that 90-100% graduates report their BSN Education prepared them well or very well to perform this outcome. (09/30/2022) Action Plan Impact: The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey item: How well BSN graduate integrates evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate integrates evidence-based practice in nursing care well or very well.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 2.0 EBP

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		

AU Outcome: BSN 3.0 Informatics

Manage healthcare data, information, knowledge, and technology.

Outcome Status: Active

Start Date: 08/01/2015

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Clinical evaluation tool - NU335 Clinical Evaluation tool Target: 100% of students will achieve rating of "S" in Informatics Competencies on the Clinical Evaluation tool. Timeframe: Annually (as of 2019-2020 reporting year; assessed in Year 1 prior to 2019-2020 reporting year) Responsible Parties: BSN Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, Hybrid Cohort 100% (6/6) of the students achieved the benchmark and achieved a rating of "S" in Informatics. In Summer 2021, 100% (32/32) of the Accelerated students achieved 100% with a rating of "S" in Informatics Competencies on the clinical evaluation tool. In Fall 2021, Accelerated Cohort (33/33) of the students achieved the benchmark and achieved a rating of "S" in Informatics. In Fall 2021, 100% (28/28) of the Traditional students achieved 100% with a rating of "S" in Informatics Competencies on the clinical evaluation tool. In Spring 2022, 100% (24/24) of the Traditional students achieved 100% with a rating of "S" in Informatics Competencies on the clinical evaluation tool. (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. Students were required to complete the Net Learning Omincell and EPIC modules prior to clinical. Clinical faculty evaluated clinical documentation prior to leaving the clinical floor. Students utilized clinical faculty as resources for application of content learned through the online modules. Students utilized EHR Tutor for documentation purposes in lab. Related Documents: Outcome 3 NU 335 Final Clinical Evaluation.pdf	Action: Intuitional documentation requirements will continue to be assigned to students. This may include online modules or in person education. ATI EHR Tutor will be assigned during the lab portion of the course to reinforce documentation skills. (10/11/2022)
SL: Didactic - RN-NU447B informatics competencies paper Target: 100% of students will achieve at least 73% on informatics competencies paper	Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Summer 2021, 95% (19/20) of the students achieved at least 75% on the Quality measures and Informatics Competencies paper (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic	Action: In order for students to continue to meet this outcome, faculty will use a rubric to guide the students in examining the competencies and completing this

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 3.0 Informatics

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>year. Course faculty used a rubric to assist the students in examining the competencies when they complete the assignment. Related Documents: Outcome 3 RN NU 447B Quality Measures and Informatics Competencies.pdf</p>	<p>assignment. Faculty will provide the rubric to students well in advance of the assignment deadline. (10/11/2022)</p>
<p>SL: Didactic - NU 460 ATI Informatics and Technology Module Target: 100% of students will achieve at least 75% on the ATI informatics and technology module. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Summer 2021, 100% (28/28) students achieved at least 75% on the ATI Informatics Modules. In Fall 2021, 96.4% (53/55) of students achieved at least 75% on the ATI Informatics Nurse's Touch Modules. In Spring 2022, 100% (30/30) of students achieved at least 75% on the Nurses Touch ATI Informatics Modules. (10/11/2022) Action Plan Impact: This result was not consistent with the past year due to two students not meeting the standard. In the Fall semester 2 students did not submit the assignment. The modules were assigned at the beginning of the semester and reiterated during the informatics module.</p>	<p>Action: Will continue to assign these modules at the beginning of the semester. If students do not submit the assignment the instructor will follow up via email to make sure each students submits the assignment. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well your BSN education prepared you to manage healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to manage healthcare data, information, knowledge, and technology. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate manages</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 3.0 Informatics

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate manages healthcare data, information, knowledge, and technology well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

AU Outcome: BSN 4.0 HC Policy & Finance

Demonstrate understanding of healthcare policy, finance, and regulatory environments.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU 251 & NU 252 Health Care Policy and Finance Quiz Target: 100% of students will achieve at least 75% on the health care policy and finance quiz. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Traditional (NU 251): In Spring 2021, 96% (29/30) of the students achieved 75% and above on the Health Care Policy Quiz. In Fall 2021, 57% (16/28) of the students achieved at least 75% on the Health Care Policy quiz. Accelerated (NU 252): In Summer, 2021, 77.4% (24/31) accelerated and 100% (6/6) Hybrid students achieved at least 75% on the Healthcare Quiz. (10/11/2022) Action Plan Impact: Traditional: These results are consistent with the previous academic year. Accelerated: These results demonstrate a slight improvement from the previous academic year. An optional study guide over key concepts, terms and definitions was developed and provided to students. Students were strongly encouraged to utilize this handout as preparation for the quiz. Fall 2021 students took the quiz individually and Spring 2022 students took the quiz with partners. Allowing students to take the quiz as a formative</p>	<p>Action: Traditional (NU 251): The health policy unit study guide will be made available and strongly encourage by faculty to be used as a study resource. Students will be given the option of taking the quiz with a random partner to encourage active discussion and application of unit content. Accelerated (NU 252): Continue to use the study guide. Develop a debate learning activity to discuss health care as right or a privilege.</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 4.0 HC Policy & Finance

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	evaluation of knowledge with partners contributed to the increased achievement of the target for the Spring cohort. Related Documents: Outcome 4 NU 251 Health Care Finance Quiz and Study Guide.docx Outcome 4 NU 252 Health Care Finance Quiz KEY.docx	(10/11/2022)
SL: Didactic - NU 415 & NU 425 Health Care Issues Assignment Target: 100% of students will achieve at least 75% on the health care issues assignment. Timeframe: Annually Responsible Parties: BSN Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, 100% (20/20) of the students in NU 415 achieved at least 75% of the Health Care Issues Assignment . In Fall 2021, 100% (30/30) of the students in NU 415 achieved at least 75% of the Health Care Issues Assignment. In NU 425 Summer 2021, 100% (26/26), in Spring 2022 100% (35/35) of the students achieved at least 75% on the health care issues presentation. (11/08/2022) Action Plan Impact: NA - this is a new measure for 2021-2022. Related Documents: Outcome 4 NU 425 SU 22 Healthcare Issues Presentation.docx Outcome 4 NU 425 SP22 Healthcare Issues Presentation Assignment.docx Outcome 4 NU 425 SU21 Healthcare Issues Presentation Assignment.docx Outcome 4 NU415 Health Care Issues Presentations FA21-SP22.docx	Action: In order to continue to meet this target, faculty will continue to discuss instructions about the presentations in face to face class and will continue to offer an in class workday so students can work the presentations. Continue to remind students of the due dates and encouraged students to email instructor with questions. Topics will need to re-evaluated periodically to ensure that they are relevant to health care delivery. (11/08/2022)
SL: Didactic - RN-NU 421 Health Care Delivery and Finance Paper Target: 100% of the students will achieve at least 73% on the NU 421 Health Care Delivery and Finance Paper Timeframe: Annual Responsible Parties: BSN Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, 100% (7/7) of the students achieved at least 75% on the Health Care Delivery and Finance Paper. (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. Reviewed the assignment details with students in the modules and posted announcements about assignment due dates. Encouraged students to email with any questions about the assignment. Related Documents:	Action: Will continue to monitor health care financing and delivery changes in the United States and update the assignment accordingly. Continue to encourage students to email with questions and remind students of due dates. Will also continue to ensure the directions

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 4.0 HC Policy & Finance

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	Outcome 4 NU 421 Health Care Delivery and Finance Paper.pdf	for the assignment are clear and organized in the module directions. (10/11/2022)
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to demonstrate understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well).</p> <p>Target: 75% of respondents will report that their How well BSN education prepared them well or very well to demonstrate understanding of healthcare policy, finance, and regulatory environments.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 85% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate.</p> <p>Related Documents:</p> <p>BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role).</p> <p>Target: 75% of respondents will report that BSN graduate demonstrates understanding of healthcare policy, finance, and</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>9 employers of 2020-2021 BSN graduates participated in the employer survey. 8/9 (89%) reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate.</p> <p>Related Documents:</p> <p>BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 4.0 HC Policy & Finance

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
regulatory environments well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		

AU Outcome: BSN 5.0 Teamwork & Collaboration

Facilitate inter-professional communication and collaboration in healthcare teams.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Report - Internal - BSN Simulation Summary Report Target: 100% of students completing simulation will achieve at least 73% on the simulation rubric. Timeframe: Annual Responsible Parties: BSN curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% of students who completed simulation achieved at least 73% on the simulation rubric. (10/17/2022) Action Plan Impact: Faculty explained the simulation rubric to students before completing their simulation experience. The rubric was revised for the 2021-2022 academic year, and there was concern that this target may not be attainable with the rubric change. However, students still achieved at least 73% as that was the lowest score given if students completed a medication or critical error during the simulation. Related Documents: BSN CAP Simulation Summary 2021-2022.docx	Action: Based on changes to the rubric, this target will be changed to 100% of the students completing simulation will achieve at least 75% on the simulation rubric. Students are able to review the rubric in Blackboard prior to completing their simulation experience. In order to continue to meet this target with the change, simulation and course faculty will ensure that students have received adequate communication in advance of the simulation so that they are well prepared for the experience and questions can be answered before the experience. (11/01/2022)
AD: Report - Internal - BSN Collaboration Summary Report Target: 100% of students will complete at least one	Reporting Year: 2021 - 2022 (Year 4) Target Met: No 100% of students in all pre-licensure BSN cohorts completed at least one interprofessional collaboration activity during each semester of the program. No activity was recorded for RN-	Action: In order to meet this target in the future, the chair of the undergraduate curriculum committee will include RN-BSN IPE

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
<p>interprofessional collaboration activity during each semester of the BSN program. Timeframe: Annual Responsible Parties: BSN curriculum Committee</p>	<p>BSN students. (10/17/2022) Action Plan Impact: This result is consistent with the results from the previous academic year; all pre-licensure BSN cohorts completed at least one interprofessional activity during each semester of the program and no activity occurred in the RN-BSN program. Related Documents: Outcome 5 Interprofessional Collaboration Summary 2021-2022.docx</p>	<p>experiences as an agenda item for a meeting this academic year. There will be discussion with faculty teaching in the RN-BSN program about how to begin to integrate IPE into the curriculum. (10/17/2022)</p>
<p>SL: Didactic - RN-NU 497 EBP Summary Target: 100% of students will achieve at least 76% on EBP Summary. Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, 100% (2/2) of the students achieved greater than 75%. in Spring 2022, 100% (2/2) of the students achieved greater than 76%. (10/11/2022) Action Plan Impact: These results are consistent with student outcomes from the previous academic year. The assignment directions on sections where students scored lower were revised. A video recording (Panopto) was created and included as required instructional materials. This recording focused on the components of developing SMART outcomes which is a required component of the assignment. The grading rubric section on evaluation methods was revised to reflect the content from the Panopto recording. This additional instructional resource and revised grading rubric had a positive impact and resulted in students meeting the target. Related Documents: Outcome 5 Interprofessional Collaboration Summary 2021-2022.docx Outcome 5 NU 497 EBP Paper.doc</p>	<p>Action: In order to continue to meet this target, students will be provided with the additional instructional materials and revised grading rubric that were developed in Spring 2022. If the target is not achieved the instructional materials will be reviewed and updated. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to facilitate inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to facilitate inter-professional</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 91% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 5.0 Teamwork & Collaboration

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
communication and collaboration in healthcare teams. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf	
AD: Survey - Employer Survey Item: How well BSN graduate facilitates inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate facilitates inter-professional communication and collaboration in healthcare teams well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf	Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)

AU Outcome: BSN 8.0 QI

Use data to monitor outcomes and improve care.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - NU320 Nursing Safety Assignment Target: 100% of students will achieve at least 73% on Nursing Safety Assignment	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, 100% (60/60) students achieved at least 75% on the Medication Safety Assignment. In Fall 2021, 100% (61/61) achieved at least 75% on the Medication Safety Assignment. (10/11/2022)	Action: This assignment will be changing for the 2022-2023 academic year. Students will be required to complete a medication

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 8.0 QI

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Annually (starting 2019-2020; assessed Year 1 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>Action Plan Impact: These results are consistent with the results the previous academic year. Requiring the article "Human Factors and Medication Errors" provided context for students as they worked through the medication safety assignment and were able to better recognize the impact of human factors on nurses' ability to administer medications safely. Related Documents: Outcome 8 NU 320 Medication Safety Assignment.docx</p>	<p>safety assignment based on their clinical experiences. This assignment will continue to be a group assignment so students can collaborate with each other. Students will answer questions based on the medications they administer to their patients during clinical experiences. (10/11/2022)</p>
<p>SL: Didactic - RN NU 441 Quality Improvement Project Plan Target: 100% of students will achieve at least 75% on the quality improvement project plan. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In the Spring of 2022, 100% (7/7) of the students achieved at least a 75% on the quality improvement plan. (10/11/2022) Action Plan Impact: These results are consistent with the results from previous academic year. In Spring of 2021 there were no issues and students submitted quality work. Related Documents: Outcome 8 NU 441 Quality improvement Project plan SP21.docx</p>	<p>Action: In order to continue meeting this outcome, faculty will continue to follow up with students regarding project choice, contact person for QI, looking at their rough drafts and assisting with preparation through feedback and interaction. (10/11/2022)</p>
<p>SL: Didactic - NU 460 IHI Quality Improvement Modules Target: 100% of students will complete the IHI Quality Improvement modules. Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Summer 2021, 100% (28/28) of students completed the IHI Quality Improvement modules. In Fall 2021, 96.4% (53/55) of students completed the IHI Quality Improvement Modules. In Spring 2022, 100% (30/30) of students completed the IHI Quality Improvement Modules. (10/11/2022) Action Plan Impact: These results were not consistent with the previous year due to two students not meeting the standard. In the Fall semester 2 students did not submit the assignment. The modules were assigned at the beginning of the semester and reiterated during the informatic module.</p>	<p>Action: Will continue to assign these modules at the beginning of the semester. If students do not submit the assignment the instructor will follow up via email to make sure each students submits the assignment. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to use data to monitor outcomes and improve care.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 97% reported</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 8.0 QI

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 75% of respondents will report that their BSN education prepared them well or very well to use data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate uses data to monitor outcomes and improve care. Target: 75% of respondents will report that the BSN graduate uses data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

AU Outcome: BSN 9.0 Safe Care

Deliver safe care through system effectiveness and individual performance.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU 320 Nursing Safety Assignment</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No</p>	<p>Action: The safety check assignments will continue to be</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 9.0 Safe Care

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 100% of students will achieve at least 73% on Nursing Safety Assignment Timeframe: Annually Responsible Parties: BSN Curriculum Committee</p>	<p>Safety Check #1 Fall 2021 95% (58/61) achieved at least a 75%. Safety Check #1 Spring 2022 95% (54/57) achieved at least a 75%. Safety Check #2 Fall 2021 90% (55/91) achieved at least a 75%. Safety Check #2 Spring 2022 95% (54/57) achieved at least a 75%. Safety Check #3 Fall 2021 93% (57/61) achieved at least a 75%. Safety Check #3 Spring 2022 88% (50/57) achieved at least a 75%. Safety Check #4 Fall 2021 70% (43/61) achieved at least a 75%. Safety Check #4 Spring 2022 72% (41/57) achieved at least a 75%. (10/11/2022) Action Plan Impact: These results vary slightly from last academic year. Students did not perform well on safety check #4 this year compared to last year. Students performed better on safety check #3 this year compared to last year. Safety check #1 and #2 are comparable to last academic year. Review questions were added to each lecture as well as additional review questions were made available in course material in Blackboard. The nursing process was emphasized during class as it relates to medication administration. The first chapter/lecture discussion went into detail re: the nursing process and using it as a framework when administering medications. Related Documents: Outcome 9 NU320 Safety Check Assignments.docx</p>	<p>required - the patient care scenarios will be changed and rewritten, but the students will still have to read through a scenario and answer 5 questions related to medications as they are indicated in the patient care scenario. Students provide positive feedback about these assignments in course evaluations. (10/11/2022)</p>
<p>SL: Clinical - NU405 Safety assessment activity Target: 100% of students will achieve at least 80% on safety assessment activity Timeframe: Annually (starting 2019-2020; assessed Year 3 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, Fall 2021, and Spring 2022, 100% of the students achieved at least 80% on the safety evaluation. (10/11/2022) Action Plan Impact: These results are consistent with results from the previous academic year. This assessment was kept as a separate assignment in the theory content, rather than as part of the service learning binder so that it could be scored as an individual assignment and not as part of a larger assignment. Related Documents: Outcome 9 NU 405 Safety Evaluation Checklist.pdf</p>	<p>Action: In order to continue to meet this outcome in the future, the course faculty will spend time in class explaining the assignment to students and answering any questions they may have about the assignment. (10/11/2022)</p>
<p>SL: Clinical evaluation tool - RN-NU450 Safety clinical competencies on clinical evaluation tool Target: 100% of students will receive "S" rating for Safety clinical competencies on clinical evaluation</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, 100% (8/8) of RN students achieved at "S" for Safety clinical competency on the clinical evaluation tool. (10/11/2022) Action Plan Impact: These results are consistent with results from the previous academic year. The students were oriented to the expectations (especially safety) for completion of the clinical component of this course using a Panopto video presentation which assisted in the</p>	<p>Action: In order to continue to meet this outcome, the instructor and clinical instructor will continue to stress the importance of safety during the clinical rotation and update the Panopto presentation</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 9.0 Safe Care

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>tool. Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>students meeting this outcome.</p>	<p>as necessary. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to deliver safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to deliver safe care through system effectiveness and individual performance. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate delivers safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate delivers safe care through system effectiveness and individual performance well or very well.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 9.0 Safe Care

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		

AU Outcome: BSN 10.0 Synthesis of Knowledge

Synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice.

Outcome Status: Active

Start Date: 08/01/2014

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Report - Internal - ATI Summary Report Target: 100% of Allen College BSN cohorts will exceed the norming data set by ATI on the ATI Content Mastery proctored assessments. Timeframe: Annual Responsible Parties: BSN Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% of Allen College BSN cohorts exceeded the norming data set by ATI on the ATI Content Mastery proctored assessments. (10/17/2022) Action Plan Impact: The current ATI policy awards students 5% of their course grade for achieving a Level 2 or Level 3 on their first attempt of the proctored ATI assessment. This policy is supported by faculty and faculty speak with students about how to properly prepare for these assessments using ATI resources. Related Documents: Outcome 10 ATI Summary Report 2021-2022.docx	Action: In order to continue to meet this target, faculty will consistently implement that ATI exam policy, encouraging students to prepare for the Content Mastery Assessments by reviewing the content that requires additional remediation. (10/17/2022)
SL: Didactic - RN-NU 497 EBP Project Target: 100% of students will achieve at least 73% on EBP project Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, 100% (2/2) of the students achieved greater than 75%. in Spring 2022, 100% (2/2) of the students achieved greater than 76%. (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. The use of individual assignments that became the components of the project summary allowed students to have instructor feedback prior to submitting the final project summary draft. Specific and detailed instructor feedback contributed to students achieving the target.	Action: In order to continue to meet this target, course faculty will plan a variety of small assignments leading up to the EBP project paper so that students can get feedback on their ideas/processes before submitting the final paper. (10/11/2022)
SL: Exam/Quiz - Standardized - NU499 ATI RN Predictor exam, predicted probability of passing NCLEX-RN	Reporting Year: 2021 - 2022 (Year 4) Target Met: No Percentage of cohort achieving at least 94% predicted probability of passing NCLEX-RN on RN Predictor ATI exam on the first attempt:	Action: In order to attempt to meet this target with additional cohorts, the placement of the RN Predictor ATI exam will be moved to the end

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 10.0 Synthesis of Knowledge

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 80% of students will achieve at least 94% predicted probability of passing NCLEX-RN on RN Predictor ATI exam</p> <p>Timeframe: Annually (starting 2019-2020; assessed Year 3 prior to 2019-2020)</p> <p>Responsible Parties: BSN Curriculum Committee</p>	<p>Summer 2021: 60% (17/28) Summer 2021 Hybrid: 100% (5/5) Fall 2021 Accel: 66.6% (18/27) Fall 2021 Trad: 78.5% (22/28) Spring 2022 Trad: 60% (18/30) These percentages vary from cohort to cohort. (11/08/2022)</p> <p>Action Plan Impact: These results are consistent with the variations seen in previous academic years. Prior to taking the RN Predictor ATI exam, all students complete an ATI Capstone content review with an ATI nurse educator.</p> <p>Related Documents: Outcome 10 ATI Summary Report 2021-2022.docx</p>	<p>of the semester beginning in Fall 2022. This will allow students to have additional review of content during the second half of the last semester by completing Lippincott PassPoint review as well as completing the remaining content mastery assessments prior to taking the proctored assessment. Additionally, students will complete a proctored comprehensive assessment at the end of the Capstone course to assist in identifying strengths and weaknesses as they finish their final semester. (11/08/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well).</p> <p>Target: 75% of respondents will report that their BSN education prepared them well or very well to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 94% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate.</p> <p>Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 10.0 Synthesis of Knowledge

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - Employer Survey Item: How well BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role).</p> <p>Target: 75% of respondents will report that BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice well or very well.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate.</p> <p>Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 1.0

Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>100% (1/1) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 1.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 1.0 (10/14/2022)</p>	<p>Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>graduate outcomes. (10/14/2022)</p>
<p>SL: Didactic - NU805 Educational Concepts for Advanced Nursing Practice, Developing an Instructional Module assignment Target: 95% of students will achieve 80% or higher on the “Developing an Instructional Module” assignment Timeframe: Annually Responsible Parties: Graduate Curriculum Committee, Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Summer 2021 - NA Fall 2021 - NA Spring - 2022 - 80% (4/5) of students achieved 80% or higher on the Developing an Instructional Module assignment. (07/20/2022) Action Plan Impact: This was a new measure for the course for the academic year 2021-2022, so no direct comparison to least year's data is available to compare and no action plan to evaluate.</p>	<p>Action: To meet this target during the 2022-2023 academic year, course faculty will continue with the new textbook used during the 2021-2022 academic year and place a greater focus on the nurse educator role in higher education setting. Students were interactive during the Zoom meetings and synchronous sessions will continue with the hopes that the course format can be changed from online to hybrid. (07/20/2022)</p>
<p>SL: Clinical evaluation tool - Clinical Evaluation Tool: “critical thinking” criterion Target: 95% of students achieve an acceptable level (1) on all criteria on “critical thinking” criterion on the Faculty Clinical Evaluation tool. Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes BSN-DNP students were included in the MSN program data. Results indicate that the target was met with all MSN/BSN-DNP students except NU550 Fall 21 when 89% (16/18) of students met the target. (10/14/2022) Action Plan Impact: Data is not available from the last reporting year (2020-2021), as BSN-DNP students were not enrolled in clinical courses.</p>	<p>Action: To meet this target for the 2022-2023 academic year, course faculty will continue to review preceptor evaluations and/or assess student performance through OSCEs. Contact with preceptors will be maintained throughout the course to evaluate progress towards outcomes. BSN-DNP student data will be included separately on course summaries to</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
		adequately capture this group's data. (10/14/2022)
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well graduates practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduate practices at the highest level of nursing</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and DNP Program Director was appropriate. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
through integration and application of nursing science in clinical practice, management, and education well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		

AU Outcome: DNP 2.0

Demonstrate organizational and systems leadership to advance quality improvement and systems change

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - NU505 Nursing Leader Exemplar Assignment Target: 95% of students will achieve 80% or higher on the Exemplar Leader Assignment Timeframe: Annually Responsible Parties: Course Faculty	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - NA Course not offered Fall 2021 - 100% (5/5) achieved at least 80% or higher on the Exemplar Leader Assignment Spring 2022 - 100% (3/3) of students achieved 80% or higher on the Exemplar Leader Assignment *The assignment title was changed from the Leadership Development Paper to the Leadership Exemplar Paper for this academic year. Summer 2020 - 100% (3/3) of students achieved 80% or higher on the Leadership Development Paper. Fall 2020 - 100% (1/1) of students achieved 80% or higher on the Leadership Development Paper. Spring 2021 - no BSN-DNP students enrolled. Results were similar to the 2020-2021 academic year. (02/15/2023) Action Plan Impact: In order to meet this target with all groups next year, course faculty will assign the exemplar leader paper with detailed instructions and rubric for thorough completion. The paper will reference graduate outcomes to be addressed.	
SL: Didactic - NU720 Quality	Reporting Year: 2021 - 2022 (Year 4)	Action: In order to meet this target

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Outcomes for Organizations and Systems CQI Analysis Paper Target: 95% of students will achieve 80% or higher on the module 5 discussion question #2 Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Target Met: No Summer 2021 - NA Course not offered Fall 2021 - NA Course not offered Spring 2022 - 87.5% (7/8) of students achieved 80% or higher on the Module 5 Discussion question #2. One student did not complete the semester per their decision.</p> <p>Summer 2020 Course not taught Fall 2020 Course not taught Spring 2021 100% (6/6) achieved at least 80% or higher (07/20/2022) Action Plan Impact: Compared to results from 2020-2021, results for 2021-2022 demonstrate consistency in meeting the target. One student did not complete the semester per their decision in the 2021-2022 academic year, leading to the target not being met given the small number of DNP students.</p>	<p>for the next academic year 2022-2023, faculty will review the current assignment for applicability to Outcome #2. Discussion will be assigned in module after students have received information on run charts and data analysis that can be applied to their DNP Project. (07/20/2022)</p>
<p>SL: Clinical evaluation tool - Clinical Evaluation Tool “Safety/ Outcome” Criterion Target: 95% of students achieve an acceptable level on “Safety/ Outcome” criterion on the Faculty Clinical Evaluation Tool Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes BSN-DNP students were included in the MSN program data. Results indicate that the target was met with all MSN/BSN-DNP students except NU550 Fall 21 when 89% (16/18) of students met the target. (10/15/2022) Action Plan Impact: Data is not available from the last reporting year (2020-2021), as BSN-DNP students were not enrolled in clinical courses.</p>	<p>Action: To meet this target for the 2022-2023 academic year, course faculty will continue to review preceptor evaluations and/or assess student performance through OSCEs. Contact with preceptors will be maintained throughout the course to evaluate progress towards outcomes. BSN-DNP student data will be included separately on course summaries to adequately capture this group's data. (10/15/2022)</p>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Demonstrate organizational and systems leadership to advance quality improvement and systems change Target: 100% of students achieve an</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 2.0 (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. Complete summative evaluations for all graduating students. (10/14/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to demonstrate organizational and systems leadership to advance quality improvement and systems change (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them well or very well to demonstrate organizational and systems leadership to advance quality improvement and systems change Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022) Action: Survey program graduates within 2 years of graduation. Assess for trends in alumni perceptions. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022)</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director.</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>change (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>(09/30/2022)</p>
<p>SL: Didactic - NU505 Leadership for Advanced Nursing Leadership Development Paper Target: 95% of students will achieve 80% or higher on Leadership Development Paper Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - NA Course not offered Fall 2021 - 100% (5/5) of students achieved 80% or higher on the Leadership Development Paper Spring 2022 - 100% (3/3) of students achieved 80% or higher on the Leadership Development Paper Summer 2020 - 100% (3/3) of students achieved 80% or higher on the Leadership Development Paper. Fall 2020 - 100% (1/1) of students achieved 80% or higher on the Leadership Development Paper. Spring 2021 - no BSN-DNP students enrolled. (07/20/2022) Action Plan Impact: Results were consistent with results from the previous academic year 2020-2021. In order to meet the target, the name of the assignment was modified to better reflect the assignment criteria. An updated rubric was provided to students reflecting the associated outcome.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will assign the exemplar leader paper with detailed instructions and rubric for thorough completion. The paper will reference graduate outcomes to be addressed. (07/20/2022)</p>

AU Outcome: DNP 3.0

Apply analytical methods and research to develop best practices and practice guidelines

Outcome Status: Active

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Apply analytical methods and research to develop best practices and practice guidelines Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion</p> <p>Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 3.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 3.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (10/14/2022)</p>
<p>SL: Didactic - NU535 Evidence Synthesis Assignment Target: 95% of students will achieve at least 80% on the Evidence Synthesis assignment Timeframe: Annually Responsible Parties: Course Faculty: NU535 Evidence-Based Practice I: Finding & Appraising Evidence</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 21: NA Fall 2021 2/2 BSN-DNP students (100%) scored 93-94% on the assignment. Spring 2022 2/3 BSN-DNP students completed the assignment; both (100%) scored > 80% on the assignment. Cumulative: 4/4 (100%) of students completing assignment scored 80% or better on assignment.</p> <p>The percentage of students who succeeded on the assignment is better than in 2020-2021 when 7/8 (88%) students scored at least 80%. (05/17/2022) Action Plan Impact: The 2019-2020 action plan to require use of an intervention PICOT question and additional practice identifying research designs was implemented during online meetings. It may have had a positive impact on the accuracy of design identification. Misclassification of research designs was less prevalent. However, attendance at online meetings was typically 2-3 students, and it is uncertain how many students viewed the meeting recordings as required. Additionally, the lead professor met one-on-one with many students to help them determine research designs in publications, which may have reduced</p>	<p>Action: Incorporate research design case studies into the Module 4 (Classifying Evidence) online meeting.</p> <p>Incorporate statistical analysis case studies into the Module 5 (Appraising Evidence) online meeting. (05/17/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 3.0

Measures	Results	Actions
	<p>the number of misclassifications in the assignment. Identifying relevant statistical tests and findings was challenging for most students. A majority did not include the correct statistical information in the paper.</p>	
<p>SL: Didactic - NU536 Paper 3 (Graduate Project EBP Proposal) Target: 95% of students will achieve 80% or better on Paper 3 Timeframe: Annually Responsible Parties: Course faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - Fall 2021 - 100% (3/3) of students achieved at least 80% on Paper 3 Spring 2022 - 100% (3/3) of students achieved at least 80% on Paper 3</p> <p>Summer 2020 - NA Fall 2020 - 100% (2/2) - BSN-DNP students achieved at least 80% on paper 3. Spring 2021 - 100% (3/3) BSN-DNP students achieved at least 80% on paper 3.</p> <p>Compared to results from 2020-2021, results for the 2021-2022 academic year demonstrate consistency in meeting the outcome. (07/20/2022) Action Plan Impact: An overview of the course was provided in Module 1. The format of the course will be revised moving forward to incorporate curriculum changes. Although synchronous online forums were not used with lead faculty, many students met individually with lead faculty in the first 2 modules and with faculty mentors throughout the semester.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will use Panopto or another platform to provide a brief introduction to each module and offer synchronous online forums with lead faculty for questions in addition to the Ask Your Professor Forum. (07/20/2022)</p>
<p>SL: Didactic - NU741 Analytic Methods for Evidence-Based Practice I Literature Synthesis Table Target: 95% of students will achieve 80% or higher on the Literature Synthesis Table Assignment 100% of students will achieve 80% or higher on the Literature Synthesis Table Assignment (Target changed 100% of students to 95% for 2021-2022; Target changed from score of 83% to 80% for 2020-2021) Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - Course not offered Fall 2021 - 100% (8/8) of students achieved 80% or higher on the Literature Synthesis Table Spring 2022 - Course not offered (07/20/2022) Action Plan Impact: Panopto recordings were not used in the course. Midterm check-in, students were required to meet with course faculty and project advisor to clarify questions and progress on DNP Clinical Scholarship Project.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will add recorded lectures related to the literature review search and classification of research articles. Current assignment will be reviewed to determine best reflection of outcome 3. (07/20/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates apply analytical methods and research to develop best practices and practice guidelines well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

AU Outcome: DNP 4.0

Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families, and

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 4.0

populations

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families, and populations Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 4.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 4.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (10/14/2022)</p>
<p>SL: Didactic - NU541 Literature Synthesis and Critical Response Assignment [Formerly called Health Care Informatics Annotated Bibliography and Critical Response assignment; assignment title change for 2021-2022 academic year] Target: 95% of students will achieve 80% or higher on the Annotated Bibliography and Critical Response assignment (Target was decreased from "100% of students will achieve 85% or higher on ... assignment" for 2020-2021). Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Summer 2021 - 100% (4/4) of students achieved 80% or higher on the Health Care Informatics Literature Synthesis and Critical Response Assignment. Fall 2021 - 100% (2/2) of students achieved 80% or higher on the Health Care Informatics Literature Synthesis and Critical Response Assignment. Spring 2022 - 67% (2/3) of students achieved 80% or higher on the Health Care Informatics Literature Synthesis and Critical Response Assignment. Summer 2020 - NA - course not taught Fall 2020 - NA BSN-DNP or DNP students were not enrolled in the course Spring 2021 - 100% (3/3) of students achieved at least 80% on the annotated bibliography and critical response assignment. Compared to the results for the 2020-2021 academic year, results for the 2021-2022 academic year declined slightly with 93% (8/9) of students achieving 80% or higher on the Health Care Informatics Literature Synthesis and Critical Response Assignment. (07/20/2022)</p>	<p>Action: In order to meet this target with all groups next year, course faculty will provide updated instructions via a Panopto and answer questions about the assignment via a discussion forum. (07/20/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 4.0

Measures	Results	Actions
	<p>Action Plan Impact: The target was met for Summer 2021, Fall 2021, and not met Spring 2022. The name of the assignment was changed from the previous academic year to better reflect the assignment requirements. A Panopto and discussion was also used to detail and explain the requirements of the Health Care Informatics Literature Synthesis and Critical Response Assignment.</p>	
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates use information systems and technology-based resources to support clinical and administrative</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022)</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director.</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>decision making and to improve the health care of individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>(09/30/2022)</p>

AU Outcome: DNP 5.0

Advocate for healthcare change through policy development and evaluation.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Advocate for healthcare change through policy development and evaluation. Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 5.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 5.0 (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (10/14/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 5.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief Target: 95% of students will achieve 80% or higher on Paper III: Health Care Policy Brief (Target decreased from "100% of students will achieve 83% or higher on" assignment for 2020-2021). Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - course not taught Fall 2021 - 100% (2/2) of students achieved 80% or higher on Paper III: Health Care Policy Brief Summer 2022 - 100% (3/3) of students achieved 80% or higher on Paper III: Health Care Policy Brief Summer 2020 - course not taught Fall 2020 - 100% (2/2) students achieved 80% or higher on Paper III: Healthcare Policy Brief Spring 2021 - BSN-DNP or DNP students were not enrolled in the course.</p> <p>Overall 100% of students met the established target, which is consistent with results from the previous academic year (07/20/2022) Action Plan Impact: Overall 100% of students met the target, this is consistent with previous years results. Faculty used the newly developed Issue Brief (Paper III) template and rubric which students found helpful. Students also commented on helpfulness of feedback on written assignments provided earlier in the course.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will continue to use the newly developed Issue Brief (Paper III) template and rubric, and continue to give targeted feedback to students on Paper 1 and Paper II that build on Paper III. Faculty will also post an announcement about paper assignments and how Paper III may have similar components but there are differences in the rubric of what is needed directing them to review and compare paper rubrics. (07/20/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to advocate for healthcare change through policy development and evaluation (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to advocate for healthcare change through policy development and evaluation well or very well. Timeframe: Annually Responsible Parties: Evaluation &</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 5.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Study Committee/CIRE		
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates advocate for healthcare change through policy development and evaluation (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates advocate for healthcare change through policy development and evaluation well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

AU Outcome: DNP 6.0

Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 6.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 6.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes.</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Curriculum Committee		(10/14/2022)
<p>SL: Didactic - NU750 Leadership and Collaboration Service-Learning Project assignment Target: 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for 2021-2022). Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - NA - course not taught Fall 2021 - 100% (13/13) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2022 - NA - course not taught Summer 2020 - NA - course not taught Fall 2020 - 100% (15/15) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2021 - NA - course not taught Overall 100% of students met the established target, which is consistent with results from the previous academic year (07/20/2022) Action Plan Impact: Lectures were added in to enhance learning from the readings and increase collaboration with discussions. Textbook was updated to newest version.</p>	<p>Action: In order to continue to meet the target, course faculty will update the IOM assignment as appropriate to facilitate learning and add updated/clearer expectations to enhance understanding of the Service Learning Assignment. (07/20/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Evaluation & Study Committee/CIRE</p> <p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (11/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (11/30/2022)</p>
<p>SL: Clinical evaluation tool - Clinical Evaluation Tool “collaboration” criterion Target: 95% of students will achieve an acceptable level on “collaboration” criterion on the faculty clinical evaluation tool Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes BSN-DNP students were included in the MSN program data. Results indicate that the target was met with all MSN/BSN-DNP students except NU550 Fall 21 when 89% (16/18) of students met the target. (10/15/2022) Action Plan Impact: Data is not available from the last reporting year (2020-2021), as BSN-DNP students were not enrolled in clinical courses.</p>	<p>Action: To meet this target for the 2022-2023 academic year, course faculty will continue to review preceptor evaluations and/or assess student performance through OSCEs. Contact with preceptors will be maintained throughout the course to evaluate progress towards outcomes. BSN-DNP student data will be included separately on course summaries to adequately capture this group's data. (10/15/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 7.0

Incorporate a firm conceptual foundation for clinical prevention and population health.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Incorporate a firm conceptual foundation for clinical prevention and population health. Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 7.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 7.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (10/14/2022)</p>
<p>SL: Didactic - NU530 Population Health Issues Paper assignment Target: 95% of students will achieve at least 80% on Population Health Issues Paper assignment Timeframe: Annually Responsible Parties: Course faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - 100% (3/3) of students achieved 80% or higher on the Population Health Issues Paper Assignment Fall 2021 - NA - BSN-DNP students were not enrolled in the course Spring 2022 - 100% (7/7) of students achieved at least 80% on the Population Health Issues Paper assignment. Summer 2020 - NA- course not taught Fall 2020 - NA - BSN-DNP students were not enrolled in the course Spring 2021 - 100% (7/7) of students achieved at least 80% on the Population Health Issues Paper assignment. Overall 100% of students met the established target, which is consistent with results from the previous academic year (07/20/2022) Action Plan Impact: The course faculty utilized the action plan from the previous year and used student comments form the course evaluations as a guide to make adjustments to the course. An example of a table was provided within the rubric for the paper.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will review rubrics and assignments for the course, and utilize comments from students to improve the course as applicable. Faculty will also develop a Panopto describing the assignment. (07/20/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU731 Epidemiology and Biostatistics Epidemiology Application Brief written assignment #2</p> <p>Target: 95% of students will achieve 80% or higher on Epidemiology Application Brief written assignment (Target decreased from "100% of students will achieve 73% or higher on Epidemiology Application Brief written assignment" for 2020-2021 academic year).</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Summer 2021 - NA - course not taught Fall 2021 - 87.5% (7/7) of students achieved at least 80% or higher on the Epidemiology Application Brief written assignment Spring 2022 - NA - course not taught</p> <p>Summer 2020 - NA - course not taught Fall 2020 - 100% (7/7) of students achieved at least 80% or higher on the Epidemiology Application Brief written assignment #2 Spring 2021 - NA - course not taught</p> <p>Overall results were consistent with the previous academic year. The target of 100% was not met due to one student not participating in the course. (07/20/2022)</p> <p>Action Plan Impact: Rubrics were reviewed and remained the same. Application to current pandemic incorporated into Topic Brief.</p>	<p>Action: To met this target with all groups next academic year, faculty will evaluate current epidemiology concerns during the course offering and adjust topic briefs to include current information. (07/20/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to incorporate a firm conceptual foundation for clinical prevention and population health (very poorly, poorly, well, very well).</p> <p>Target: 75% of respondents will report that their DNP education prepared them to incorporate a firm conceptual foundation for clinical prevention and population health well or very well.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022)</p> <p>Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates.</p> <p>Related Documents:</p> <p>DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: Survey employers of 2021-</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Survey: Employer perceptions of how well DNP graduates incorporate a firm conceptual foundation for clinical prevention and population health (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates incorporate a firm conceptual foundation for clinical prevention and population health well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (11/30/2022)</p>
<p>SL: Clinical evaluation tool - Clinical Evaluation Tool “patient-centered care” criterion Target: 95% of students will achieve an acceptable level on “patient centered care” criterion on the faculty clinical evaluation tool. Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes BSN-DNP students were included in the MSN program data. Results indicate that the target was met with all MSN/BSN-DNP students except NU550 Fall 21 when 89% (16/18) of students met the target. (10/15/2022) Action Plan Impact: Data is not available from the last reporting year (2020-2021), as BSN-DNP students were not enrolled in clinical courses.</p>	<p>Action: To meet this target for the 2022-2023 academic year, course faculty will continue to review preceptor evaluations and/or assess student performance through OSCEs. Contact with preceptors will be maintained throughout the course to evaluate progress towards outcomes. BSN-DNP student data will be included separately on course summaries to adequately capture this group's data. (10/15/2022)</p>

AU Outcome: DNP 8.0

Synthesize advanced practice nursing knowledge and competencies into the practice role.

Outcome Status: Active

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Synthesize advanced practice nursing knowledge and competencies into the practice role. Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 8.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 8.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>Action: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. (10/14/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents: DNP Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates synthesize advanced practice nursing knowledge and competencies into the practice role (very poorly,</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (09/30/2022)</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>poorly, well, very well). Target: 75% of respondents will report that DNP graduates synthesize advanced practice nursing knowledge and competencies into the practice role well or very well.</p> <p>Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates.</p> <p>Related Documents: DNP Employer 2020-2021 Grads.pdf</p>	<p>Dean and DNP Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 1.0

Synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-Critical thinking" criterion Target: 95% of students achieve an acceptable level (1) on all criteria on "Critical thinking" criterion on the faculty clinical evaluation tool. Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022)</p> <p>Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of critical thinking in clinical experiences.</p> <p>Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well).</p> <p>Target: 75% of respondents will report feeling well or very well prepared to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 90-100% of alumni reported performing this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate.</p> <p>Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Graduate Employer Survey--How well employers perceive that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well).</p> <p>Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship well or very well.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Evaluation &</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes.</p> <p>All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate.</p> <p>Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Study Committee, CIRE		

AU Outcome: MSN 2.0

Provide organizational and systems leadership in practice, service and scholarship.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU505 Exemplar Leader Assignment Target: 95% of students will achieve 80% or better Timeframe: Annually Responsible Parties: Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - N/A Course not offered Fall 2021 - 100% (12 of 12) achieved at least an 80% Spring 2022 - 100% (14 of 14) achieved at least 80% Cumulative 100% achieved at least 80%. The target was met. (07/18/2022) Action Plan Impact: To meet this target faculty provided students with assigned readings, lecture slides, and activities related to the content. In order to meet the target the assignment was modified the name changed to better reflect the assignment criteria. An updated rubric was provided to students reflecting the associated outcome.</p>	<p>Action: To meet this target next year course faculty will assign the exemplar leader paper with detailed instructions and rubric for thorough completion. Faculty will provide students with assigned readings, lecture slides, and activities related to the content. (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). Target: 75% of MSN graduates will report being well or very well prepared by their MSN education to provide organizational and systems leadership in practice, service and scholarship. Timeframe: Annually Responsible Parties: Evaluation &</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 90-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Study Committee		
<p>AD: Survey - MSN Employer Survey-- How well employers perceive that MSN graduates provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service and scholarship well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes.</p> <p>All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

AU Outcome: MSN 3.0

Apply quality principles to promote patient safety and positive individual and systems outcomes.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-"Safety/Outcomes" criterion Target: 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of safety outcomes in clinical experiences.</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	
<p>AD: Report - Internal - Graduate Project Evaluation Form - Item #3 Apply quality principles to promote patient safety and positive outcomes Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 63 of 63 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. (12/07/2022) Action Plan Impact: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target.</p>	
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 90-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

AU Outcome: MSN 4.0

Use scholarly inquiry and evidence to advance the practice of nursing.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU535: Evidence-Based Practice I: Finding and Appraising Evidence, Appraisal & Synthesis Assignment (FKA Evidence Synthesis Assignment prior to 2023-2024) Target: At least 95% of student will achieve a score of 80% or higher on the Appraisal & Synthesis Assignment. (Target increased from 73% to 80% for 2020-2021) Timeframe: Annual Responsible Parties: NU535 Course Instructor, Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 21: NA Fall 2021 17/18 MSN students (94%) scored at least 80% on the assignment (one student scored 77%) Spring 2022 13/13 MSN students (100%) scored > 80% on the assignment. Cumulative: 30/31 (97%) MSN students scored >80% on assignments. The percentage of students who succeed on the assignment is slightly better than in 2020-2021 (41/42, 95%). (05/17/2022) Action Plan Impact: The 2019-2020 action plan for 2021-2022 was to require use of an intervention PICOT question and additional practice identifying research designs. Additional practice was included during online meeting presentations. This plan may have had a positive impact on the accuracy of design identification. Misclassification of research designs was less prevalent. However, attendance at online meetings was typically 2-3 students, and it is uncertain how many students viewed the meeting recordings as required. Additionally, the</p>	<p>Action: Incorporate research design case studies into the Module 4 (Classifying Evidence) online meeting. Incorporate statistical analysis case studies into the Module 5 (Appraising Evidence) online meeting. (05/17/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>lead professor met one-on-one with many students to help them determine research designs in publications, which may have reduced the number of misclassifications in the assignment. Identifying relevant statistical tests and findings was challenging for most students. A majority did not include the correct statistical information in the paper.</p>	
<p>SL: Didactic - NU536: Evidence-Based Practice II: Applying Evidence for Practice Change Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal) Target: 95% of students will achieve 80% or better on Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal). Timeframe: Annual Responsible Parties: NU536 Course Instructor, Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 21: N/A course not offered Fall 21: 100% (14 of 14) achieved at least 80% Spring 22: 94% (15 of 16) achieved 80% Overall 96% (29 of 30) achieved 80% The percentage of students who succeeded on the assignment is slightly lower than last year (100%). (07/18/2022) Action Plan Impact: An overview of the course was provided in Module 1. Although synchronous online forums were not used with lead faculty, many students met individually with faculty mentors throughout the semester. In addition the Ask your Professor forum was used.</p>	<p>Action: The format of the course will be revised moving forward to incorporate curriculum changes. Faculty will use Panopto or another platform to provide a brief introduction to each module and offer synchronous online forums with lead faculty for questions in addition to the Ask your professor forum. (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to use scholarly inquiry and evidence to advance the practice of nursing (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to use scholarly inquiry and evidence to advance the practice of nursing. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 90-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: Survey employers of 2021-</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Survey--How well employers perceive that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes.</p> <p>All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (12/01/2022)</p>

AU Outcome: MSN 5.0

Use informatics and healthcare technologies to enhance patient care and to improve healthcare systems.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU541 Health Care Informatics Literature Synthesis and Critical Response (formerly called "Health Care Informatics Annotated Bibliography and Critical Response assignment;" Assignment title changed for 2021-2022 academic year). Target: 95% of students will achieve an average of 80% or higher on the Annotated Bibliography and Critical Response assignment. (Target increased from 73% to 80% for 2020-2021)</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - 100% (22 of 22) achieved 80% on assignment Fall 2021 - 100% (11 of 11) achieved at least 80% on assignment Spring 2021 - 100% (14 of 14) achieved at least 80% on assignment Cumulative - 100% achieved at least 80%</p> <p>Compared to 2020-2021 the results are similar. (07/18/2022) Action Plan Impact: A Panopto and discussion was used to detail and explain the requirements of the Health Care Informatics Literature Synthesis and Critical Response Assignment. Name was changed to better reflect the assignment requirements.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will provide content related to topics in power point presentations and related assignments. Updated instructions via a Panopto will be developed. Questions about the assignment will be answered via a discussion forum. (07/18/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 5.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Annually Responsible Parties: Graduate Curriculum Committee</p>		
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to use informatics and healthcare technologies to enhance patient care and to improve healthcare systems. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 17/19 (89%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 79-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes. All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents:</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 5.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Responsible Parties: Evaluation & Study Committee	MSN Employer Survey 2020-2021 Grads.pdf	

AU Outcome: MSN 6.0

Employ advocacy strategies to influence health policy and to improve outcomes of care.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief Target: 95% of students achieve 80% or higher on Paper III: Health Care Policy Brief. (Target increased from 73% to 80% for 2020-2021) Timeframe: Annually Responsible Parties: Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 17/19 (89%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 79-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Summer 2021 - N/A Course not offered Fall 2021 - 88.67% (13 of 15) achieved 80% or better on Paper III Health Care Policy Brief assignment Spring 2022 - 84.62% (11 of 13) achieved 80% or better on Paper III Health Care Policy Brief assignment Overall in 2021-2022 85.7% met the target. This is lower than previous years. (07/18/2022) Action Plan Impact: Faculty used the newly developed Issue Brief (Paper III) template and rubric, which students found helpful in the past. Students also commented on helpfulness of feedback on written assignments. Written assignments information was provided earlier in</p>	<p>Action: Faculty will continue to use the newly developed Issue Brief (Paper III) template and rubric. Course faculty will continue to give targeted feedback to students on Papers I and II that build to Paper III. Will also post an announcement about paper assignments and how paper 3 may have similar components but there are some differences in the rubric of what is needed directing</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>the course. The two students in Fall '21 failed to follow the instructions on creating an issue brief and instead submitted an academic paper, lacking information needed that was required for the issue brief. The two students in Spring '22 did not follow the rubric and only used information from previous papers 1 and 2 which is allowed; however, there was information that also needed to be added in the issue brief (as stated in the rubric) that wasn't included.</p>	<p>them to review and compare the rubrics (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to employ advocacy strategies to influence health policy and to improve outcomes of care. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes.</p> <p>17/19 (89%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 79-100% of alumni reported performing this outcome well or very well. (09/30/2022)</p> <p>Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate.</p> <p>Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022) (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). Target: 75% of respondents will that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes.</p> <p>6/7 (86%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well (09/30/2022)</p> <p>Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate.</p> <p>Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Evaluation & Study Committee</p>		

AU Outcome: MSNO 7.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-Collaboration Criterion Target: 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of collaboration in clinical experiences. Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Report - Internal - Graduate Project Evaluation Form - Item #7 Collaborate within interprofessional teams. Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 63 of 63 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty preceptor and approved prior to the final presentation. (12/07/2022) Action Plan Impact: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan and develop their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target.</p>	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

Measures	Results	Actions
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes. All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Responsible Parties: Evaluation & Study Committee		

AU Outcome: MSN 8.0

Integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-"Patient-Centered Care" criterion Target: 95% of students achieve an acceptable level (1) on "Patient-Centered Care" criterion on Faculty Clinical Evaluation tool. Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of patient centered care in clinical experiences. Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. (07/18/2022)</p>
<p>SL: Didactic - NU530 Population Health Issues Paper Target: 95% of students will achieve 80% or better on Population Health Issues Paper. (Target increased from 73% to 80% for 2020-2021) Timeframe: Annually Responsible Parties: Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Summer 2021 - 82.86% (29 of 35) achieved 80% or better on Population Health Issues paper Fall 2021 - 70% (12 of 17) achieved 80% or better on Population Health Issues Paper Spring 2022 - 100% (5 of 5) achieved 80% or better on the Population Health Issues Paper</p> <p>Overall in 2021-2022 80.70% met the target. This is lower than previous years. (07/18/2022) Action Plan Impact: In order to meet this target course faculty provided course content in readings and assignments related to vulnerable populations, health issues, and epidemiology. The paper instructions were reviewed for clarity and an example of a table to be included in the assignment was provided.</p>	<p>Action: In order to meet this target with all groups next year, course faculty will review rubrics and assignments for course and change as applicable. Faculty will develop a Panopto describing the assignment. (07/18/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes. All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
services well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 1.0

Synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Clinical - Clinical evaluation tool Clinical Evaluations-“Critical Thinking” criterion Target: 95% of students achieve an acceptable level on all criteria on “Critical thinking” criterion on the Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%. See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4. 2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf	Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 3/9 2020-2021 PGC graduates completed the alumni survey. 100% reported the MSN program prepared them well to synthesize knowledge from nursing science and related disciplines... This result is consistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on graduate's	Action: Results were reported to the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>practice (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and to monitor for response trends was appropriate. Related Documents: PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	<p>adjustment if indicated. (09/30/2022)</p>
<p>AD: Survey - MSN Graduate Employer Survey--How well employers perceive that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee, CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

AU Outcome: PGC 2.0

Apply quality principles to promote patient safety and positive individual and systems outcomes

Outcome Status: Active

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Measures	Results	Actions
<p>SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations- "Safety Outcomes" criterion Target: 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%. See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4. 2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of safety outcomes in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 3/9 2020-2021 PGC graduates completed the alumni survey. 100% reported the MSN program prepared them well to demonstrate this program outcome in professional nursing practice. This result is consistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and monitor for response trends was appropriate. Related Documents: PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Results were reported to the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

AU Outcome: PGC 3.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations- "Collaboration" criterion Target: 95% of students achieve an acceptable level on "Collaboration" criterion on Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%. See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4. 2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of collaboration in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey--</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: Results were reported to</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Target Met: No 3/9 2020-2021 PGC graduates completed the alumni survey. 66.67% reported the MSN program prepared them well to demonstrate this program outcome in professional nursing practice. 1 reported "poorly" (33.33%). This result is inconsistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. The reason for this decrease in favorable perceptions is unknown. Respondents did not provide any comments on the survey. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on most graduates' perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and monitor for response trends was appropriate. Related Documents: PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	<p>the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within interprofessional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation &</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Study Committee		

AU Outcome: PGC 4.0

Integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations- "Patient-Centered Care" criterion. Target: 95% of students achieve an acceptable level on all criteria on "Patient-Centered Care" criterion on the Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%. See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4.</p> <p>2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of patient-centered care in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well) Target: 75% of respondents will report feeling well or very well prepared to integrate patient-centered and culturally responsive</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 3/9 2020-2021 PGC graduates completed the alumni survey. 66.67% reported the MSN program prepared them well to demonstrate this program outcome in professional nursing practice. 1 reported "poorly" (33.33%). This result is inconsistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. The reason for this decrease in favorable perceptions is unknown. Respondents did not provide any comments on the survey. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on most graduates' perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and monitor for response trends was appropriate. Related Documents:</p>	<p>Action: Results were reported to the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (09/30/2022)</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>strategies into the delivery of clinical prevention, health promotion, and population-focused services. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>Action: 2021-2022 Alumni will be surveyed summer of 2023 and permission to survey employers will be requested. (09/30/2022)</p>

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Admin - Administration

AU Outcome: Admin 4.0

Allen College has appropriate technology for facilities, resources, and education services.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Number of FTEs allocated for instructional technology, media services, and, instructional, designer. Target: College provides at least 2.0 FTEs to support faculty technology needs. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers (0.5 is a grant funded position which ended in April 2022) and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. In 2020-21 total FTEs were 3.5 due to the grant funded position. (10/06/2022) Action Plan Impact: The Provost completed the action recommended in the 2020-2021 plan of reviewing the instructional design and AV work volume, and determined that the temporary instructional designer assignment scheduled to end in April 2022 was sufficient for our needs and does not need to be renewed.</p>	<p>Action: Monitor work load of current technology staff and review prior to 2023-24 budget cycle and budget additional staff if deemed necessary. (10/06/2022)</p>
<p>AD: Report - Internal - Number of major requests by Allen College for hardware-software Target: 50% of requests approved Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. (10/06/2022) Action Plan Impact: The action plan for 2021-22 was to continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Based on the results there is evidence that our requests are consistently completed/approved, and our hardware/software requests continue to be completed at 100%.</p>	<p>Action: For the 2022-23 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. (12/21/2022) Follow-Up: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
		department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%. (12/21/2022)
<p>SL: Survey - Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) Target: 75% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Students are surveyed for this measure every other year. In 2021-22, of the 85 students who answered this question, 81 (95.29%) rated the quality of services provided by the Barrett Library staff as good (n = 27, 31.76%) or excellent (n = 54, 63.53%). When comparing this to the previous survey in 2019-20, of the 110 students that answered this question, xx (95%) rated the quality of services provided by the Barrett Library staff as good (n = , 48.3%) or excellent (n = ,46.6%).</p> <p>The positive trend is noticeable when comparing the last three surveys: 2017-18 of 93%, 2019-20 of 95% and 2021-22 of 95% for students who rated the quality of services provided by the Barrett Library staff as good or excellent. The target has consistently been exceeded by more than 17-20 percentage points the last three times the survey has been administered. (02/23/2022)</p> <p>Action Plan Impact: Per the last proposed action plan, the library budgeted or obtained funding to maintain or increase library assistant hours to better serve students, and continued to update library resources to accommodate students' learning styles and technology needs. This action plan appears to have been effective in facilitating achievement of the target for the current reporting year.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of our faculty and students to ensure the target of favorable responses continues to be met or exceeded. Target will be increased for 2023-24 to 85% due to favorable trend in survey responses. (02/23/2022)</p> <p>Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>
<p>SL: Survey - Library Survey Question: How would you rate the quality of Barrett Library's online resources (poor, average, good excellent)?</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In 2021-22, of the 113 students who answered this question, 3 respondents reported never using the Barrett Library's online resources. Of the 110 other respondents 95 (86%) rated the</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students,</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
<p>Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>online resources excellent (n = 34, 31%) or good (n = 61, 55%). When compared to the previous survey in 2019-2020 129 (86%) rated the quality of online resources excellent (39.3%) or good (46.7%), and in 2017-2018 (question was slightly different; it asked about physical and online resources): 119 (87.5%) rated physical and online resources excellent (45.6%) or good (41.9%). These results indicate students have consistently rated the library's online resources good or excellent. (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	<p>to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022)</p>
<p>SL: Survey - Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library's physical and online collections (poor, average, good excellent)?") Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the 99 students answering this question, 26 reported not having used the resources. Of the 73 students who had used the resources, 68 (93%) rated the library's collections and physical resources excellent (n = 32, 44%) or good (n = 36, 49%). (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students which changes annually due to program curricular updates, to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022) Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>
<p>AD: Survey - Library Survey Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy,</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the 97 students answering this question, 92 (95%) reported it is very easy (n = 37, 38%) or somewhat easy (n=55, 57 %) to find the physical materials they are looking for in the library.</p>	<p>Action: Barrett Library will continue monitor needs of physical and on-line resources to effectively and sustainably provide library resources while providing greater</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
<p>very easy) Target: 75% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library. Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>2019-2020 Survey: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%).</p> <p>The target for this measure has consistently been exceeded by 14-20 percentage points the last three times the survey has been administered. (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year.</p>	<p>variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Target will be increased for 2023-24 to 85% due to the favorable trend in survey responses. (02/23/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “24. The equipment in the lab facilities is kept up to date.” Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Lab facilities from the SSI reports that 88% of students rated this item important or very important and 75% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2020-21 results of 69% satisfaction, this is a 6% increase which is trending in the right direction toward the goal of at least 80%. (10/06/2022) Action Plan Impact: The action plan for 2021-22 was to monitor and maintain the lab facilities and looked for ways to update. In 2021-22 sonography equipment was added to the DMS lab. Two grants were applied for to update the simulation and skills lab facilities and simulation equipment, the outcomes of which are not yet known. The Nursing skills lab received new clinical female and male pelvic trainers. These efforts were possibly contributing factors to the positive score trend.</p>	<p>Action: Continue to update lab facilities for appropriate equipment and setting. Many projects are in process for 2022-23 to increase/update lab facilities. Current plans are underway to complete an anatomy lab in early 2023 for DPT. We also submitted a three year Title III grant that includes simulation equipment and should have a funding answer in late 2022. Continue to collaborate with the hospital and other UPH facilities to acquire lab equipment (possible Sim Anne and sonography equipment are examples). (10/06/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p>	<p>Action: Continue to monitor that the school is well-maintained to</p>

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Admin - Administration

AU Outcome: Admin 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Satisfaction with “39. On the whole, the school is well-maintained.” Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>The maintaining of the school from the SSI reports that 89% of students rated this item important or very important and 94% were satisfied, indicating a -5% performance gap.</p> <p>This is an improvement by 1% in student satisfaction from the 2020-21 SSI survey. (10/06/2022)</p> <p>Action Plan Impact: Our 2021-22 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2021-22 campus updates such as new patio furniture, renovation to Gerard Hall faculty offices and student collaboration space, and classroom AV and Gerard Hall bathroom updates are examples of ongoing campus maintenance that most likely contributed to this positive outcome.</p>	<p>ensure it meets the needs of our students, which includes planned initiatives such as DPT anatomy lab renovation, DPT secure access to their programmatic space, campus card access updates, security mirrors for Winter Hall entrance, and orchard maintenance. (10/06/2022)</p>

AU Outcome: Admin 5.0

Classroom and Lab facilities are available for students

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Classrooms Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Question 46 - Classrooms from the SSI reports that 83% of students rated this item important or very important and 89% were satisfied or very satisfied, indicating a -6% performance gap.</p> <p>This is an improvement by 8% in student satisfaction from the 2020-21 SSI survey. (10/06/2022)</p> <p>Action Plan Impact: Our 2021-22 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. In 2021-22 CARES Act funds were used to upgrade AV equipment in Alumni Conference Room Med Staff, Mid American, Phelps, and Gerard, classrooms as well as the McElroy Board room. These upgrades allow for better virtual/ face-to-face meetings and room flexibility which is important for our classes and meetings.</p>	<p>Action: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. Planned initiatives for this effort are to replace failed AV equipment as needed and reviewing McElroy classroom furniture in the OT lab in 2022-23 to ensure it's furniture is sufficient for use. Additionally in mid 2022, OT recently implemented an ACE-SAP OT satellite clinic location, so furniture review is necessary in the next year to ensure patients can safely be</p>

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Admin - Administration

AU Outcome: Admin 5.0

Measures	Results	Actions
		seen and treated in their McElroy Hall location. (10/06/2022)
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Results from the Spring 2022 RNLSSI survey, indicate that students that that the computer lab are adequate and accessible is important (80%) and we received an 85% satisfaction rating, indicating a performance gab favoring satisfaction of -5%.</p> <p>This is an improvement by 1% in student satisfaction from the 2020-21 SSI survey. (10/06/2022)</p> <p>Action Plan Impact: The 2021-22 action plan was to continue to monitor and maintain our computer labs to ensure they meet the needs of our students. What we have deduced is that most programs require student laptops for testing, so the computer lab and library computers are used mainly for printing. We will continue to ensure that printing is accessible and available for our students in the lab and library.</p>	<p>Action: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. One initiative still in progress is the ability for students to print from their own devices. The UPH IT department is working on a print server for this purpose, which may be available in 2022-23, but is yet to be determined. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources. (10/06/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—"21. The amount of student parking space is adequate." Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Results from RNLSSI item percentages report: 83% rated this item important or very important and 91% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -8%.</p> <p>This is an improvement by 5% in student satisfaction from the 2020-21 SSI survey. (10/06/2022)</p> <p>Action Plan Impact: The 2021-22 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on less students on campus when</p>	<p>Action: We will continue to monitor our parking space to make sure they meet the needs of our students. (10/06/2022)</p>

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Admin - Administration

AU Outcome: Admin 5.0

Measures	Results	Actions
	compared to prior year headcount, this has eased parking constrictions.	
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “10. Parking lots are well-lighted and secure”</p> <p>Target: 80% of students report satisfied or very satisfied [need to verify target]</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Results from the spring 2022 NLSSI survey indicate that students think that the parking lots are well lighted and secure are important 81% and we received a 90% satisfaction rating. This indicates a performance gap favoring satisfaction of -9%.</p> <p>When compared to the prior year satisfaction decreased from 92% to 90%, however we are still well over our 80% target. (10/06/2022)</p> <p>Action Plan Impact: The action plan for 2021-22 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus.</p>	<p>Action: The plan for 2022-23 is to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. (10/06/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas</p> <p>Target: 80% of students report satisfied or very satisfied [need to verify target]</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Question 45 - Study Areas from the SSI reports that 84% of students rated this item important or very important and 82% were satisfied or very satisfied, indicating a 2% performance gap.</p> <p>This is the first year for this measure using RNLSSI so there are no previous results for comparison. (10/06/2022)</p> <p>Action Plan Impact: The action plan for 2021-22 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. In 2021-22 based on a campus meeting including student input, changes were made to the private study area checkout process to make it easier/more convenient for student use by assigning the checkout process to library assistants and identifying several areas on campus that can be used that do not require checkout. Additionally, the library testing pods (4) installed during the 2021-22 academic year are available for student study space when not in use for testing.</p>	<p>Action: Continue to monitor and maintain study areas to ensure that they meet the needs of our students. (10/06/2022)</p>

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Admin - Teaching & Learning Committee

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Allen College courses will reflect Quality Matters standards.

Outcome Status: Active

Start Date: 07/01/2015

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Survey - Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course.</p> <p>Target: 95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale.</p> <p>Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule.</p> <p>Responsible Parties: TLC Chair and Committee Members</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>100% (8/8) of Graduate Nursing courses reviewed achieved a 3.0 or above, compared to 2020-2021 where 100% (9/9) of courses reviewed achieved a 3.0 or above. This demonstrates no change, but at the top performance.</p> <p>No Undergraduate Nursing courses were reviewed this academic year</p> <p>100% (60/60) of Health Science Courses Reviewed achieved a 3.0 or above compared to 2020-2021 where 98% (63/64) courses reviewed had achieved a 3.0 or above. This demonstrated improvement and achieving top performance</p> <p>EdD 100% (4/4) ; 3/3</p> <p>OT 95% (20/21); 21/21</p> <p>PH no data</p> <p>MLS 100% (11/11); 13/13</p> <p>ASR 100% (17/17); 23/23</p> <p>100% of the Allen College courses reviewed during this cycle achieved a 3.0 or above on the eight-item course evaluation tool.</p> <p>(02/02/2023)</p> <p>Action Plan Impact: Goal met.</p>	<p>Action: No action plan was proposed for the 2022-2023 academic/reporting year. (05/18/2023)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Students will practice proper radiation protection

Outcome Status: Active

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of ≥ 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.94. This year's average score of 3.95 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. Fall 2021 = 3.95 (n=13) Previous data: 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) 2016 = 3.89 (n=13) (08/30/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction and guidance enables the students to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum.</p>	<p>Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. (08/30/2022)</p>
<p>SL: Clinical evaluation tool - RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 Target: Average score of ≥ 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/Program Faculty/HS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.98. This year's average score is slightly higher at 4.0. This years data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2022 = 4.0 (n=17) Previous data: 2021= 3.98 (n= 16)</p>	<p>Action: To continue to exceed the benchmark for this measure during the 2022-2023 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Curriculum Committee	<p>2020 no data to assess, this program requirement was waived for this cohort due to COVID-19.</p> <p>2019 = 4 (n=12)</p> <p>2018 = 3.96 (n=12)</p> <p>2017 = 3.96 (n=15)</p> <p>2016=3.96 (n=17)</p> <p>2015=3.96 (n=15)</p> <p>(08/30/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2020-2021 was successful. Each student's performance demonstrated clinical proficiency and competency in providing radiation protection. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection.</p>	exams. This evaluation will continue to be completed by the clinical instructors. (08/30/2022)

AU Outcome: ASR 1.2

Students will apply correct positioning skills

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 145 Certification Testing/ Part I, numbers 3,12,14,15</p> <p>Target: Average score of >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2022, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.98. This is slightly higher than last year's average of 3.93. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills during radiography procedures.</p> <p>2022= 3.98 (n=10)</p> <p>Previous data: 2021= 3.93 (n=17)</p>	<p>Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) 2017 = 4 (n=12) 2016= 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program.</p>	<p>this item. (08/31/2022)</p>
<p>SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15</p> <p>Target: Average score of >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level II-Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This score is very consistent when comparing it to all prior data through 2016. All cohorts starting in 2016 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures.</p> <p>2021=3.96(n=17)</p> <p>Previous data: 2020=3.95 (n=16) 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue</p>	<p>Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting.	

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11</p> <p>Target: Average score >= 3.5 (0-4 pt. scale)</p> <p>Timeframe: Level I-Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.27. This year's average score of 3.52 is an increase when compared to 2020 and 2019. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting.</p> <p>2021: 3.52 (n=13)</p> <p>Previous data: 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care.</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II -Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.66. This year's average score demonstrated an increase with a score of 3.92. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting.</p> <p>Spring 2022 = 3.92 (n=17)</p> <p>Previous data: 2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) 2016-2017 = 3.95 (n=15) 2015-2016 = 3.97 (n=17) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting.</p>	<p>Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I-Fall Semester</p> <p>Responsible Parties: Clinical</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.94. This score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2017. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting.</p> <p>2021 = 3.94 (n=13)</p> <p>Previous data:</p>	<p>Action: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Instructor/Program Faculty/ HS Curriculum Committee</p>	<p>2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting.</p>	<p>clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2015. Students consistently demonstrate effective communication skills in the clinical setting. 2022 = 4 (n=17) Previous data: 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the</p>	<p>Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

Outcome Status: Active

Start Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA115 Patient Care Presentation was 96%. This year's average score of 97.7% is slightly higher, yet remains consistent. Students continue to earn an average score of 96% or higher since 2017. This data shows that students consistently continue to practice effective written communication skills. 2021= 97.7% (n=12) Previous data: 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research papers. The action plan was effective. In text citation seems to be the biggest issue when it comes to the students' papers. Overall, students continue to demonstrate effective written communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to remind students of the resources available on the Allen College website. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology</p>		

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA258 Pathology Systems Presentation was 98%. This year's average score of 94.8% is slightly lower. Students continue to exceed benchmark with continually receiving a score of 94.8% or higher since 2017. The students demonstrate the ability to practice effective written communication skills. 2021=94.8% (n=17) Previous data: 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan is effective. Even with a lower score this year when compared to prior years, the student's continue to exceed benchmark. Each student completes two papers during the course. The majority of students struggled and had points deducted in the format section of the paper, this was due to spelling errors and APA formatting errors. Allen College website has multiple resources available to the students for writing help. Overall, the students continue to practice effective written communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. (08/31/2022)</p>

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)

Outcome Status: Inactive

Inactive Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA115 Patient Care Presentation was 92.6%. This is slightly lower than last year's average score of 99%. While the current data is slightly lower,</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>benchmark continues to be exceeded. All students continue to demonstrate effective oral communication skills. 2021=92.6% (n=12) Previous data: 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss paper requirements with the students. All papers in the RA115 course were presented in person. Ten of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. This can be reduced by having the students practice their presentations before presenting them. Overall, the action plan was effective and all students continue to demonstrate effective oral communication skills.</p>	<p>to provide and remind students of resources available to assist them when writing their papers. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA258 Pathology Systems Presentation was 94.8%. This is consistent with last year's average score of 95%. When looking data from 2017-2021, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills. 2021=94.8% (n=17) Previous data: 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) (08/31/2022) Action Plan Impact: As proposed in the 2021-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor continues to remind the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research paper. Each student completes two papers during the course. The students overall did a great job on</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to them to assist with writing their research papers. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

Measures	Results	Actions
	presentations, they need to work on speaking loud enough for everyone to hear. One paper did not discuss the reason for the selection of the pathology topic, and 3 student paper presentations did not meet the requirements of the 8 minutes in length. Overall, the action plan was effective as all students demonstrated effective oral communication skills.	

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - RA: 255 Radiographic image analysis worksheets Target: Average score of $\geq 80\%$ Timeframe: Level II-Summer Semester</p> <p>Responsible Parties: RA: 255 Course Instructors/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA255 Radiographic Image Analysis Worksheets was 90%. This is just slightly lower than Summer 2020's average score of 91.94%. Overall, the student's have consistently exceeded benchmark since 2016 demonstrating their ability to appropriately critique radiographic images. 2021 = 90% (n=17) Previous data: 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) 2017=87.75% (n=12) 2016: 90.19% (n=16) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. This text offers multiple images to assist the students in mastering critically analyzing and critiquing images. The action plan was effective. Overall, all students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images.</p>	<p>Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. (09/01/2022)</p>
<p>SL: Didactic - RA: 265 Radiographic image analysis worksheets</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p>	<p>Action: The instructor will continue to assign learning opportunities</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Average score of >= 80%</p> <p>Timeframe: Level II- Fall Semester</p> <p>Responsible Parties: RA: 265 Course Instructors/HS APG Committee</p>	<p>In Fall 2020, the average score of the RA265 Radiographic Image Analysis Worksheets was 91.69%. This year's average score is slightly lower at 88.88%. This is not considered a significant decrease. Since 2017, all cohorts consistently score an average of 88-93%. The students demonstrated the ability to appropriately critique radiographic images.</p> <p>2021=88.88% (n=17)</p> <p>Previous data</p> <p>2020 = 91.69% (n=16)</p> <p>2019 = 88.8% (n = 10)</p> <p>2018 = 93.33% (n=12)</p> <p>2017 = 88.83% (n=12) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was effective. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. Although there was a slight decrease in the overall average for this cohort when compared to the prior year, this cohort scored much the same as 2019. Students are encouraged to make the most of the time allotted for completing this assignment, but some still choose to wait until just before the due date to access the worksheet. Worksheets are allowed 2 attempts, and the scores are averaged, but some students choose to only complete it one time.</p>	<p>from the new 5th edition textbook. The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. (09/01/2022)</p>

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Standardized - RA: 203B Corectec exams</p> <p>Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams.</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>In Spring 2022, only 71% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. With a benchmark of 80%, this is the second year in a row where benchmark was not met demonstrating that not all students could effectively</p>	<p>Action: To meet or exceed benchmark for the 2022-2023 year, the instructor will review the guided review assignments and consider revisions that may better</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee</p>	<p>practice critical thinking. Prior to 2021, all cohorts consistently exceeded benchmark. 2022 = 71% (n = 17) achieved a 70 or greater on one of the four exams. Previous data: 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor restructured the scheduling of the first exam based off of student feedback. The instructor continues to encourage time management skills for comprehensive review and continues to encourage the use of all learning resources throughout the course. Based on student feedback from the Sp21 course offering, the first exam was scheduled 9 days after the end of spring break compared to only 4 days after spring break in Sp21. The change in exam date scheduling had no impact on the first attempt exam scores. This action plan was not effective. Not all students were able to demonstrate the ability to practice critical thinking.</p>	<p>assist the students in achieving at least a 70 score on one of the 4 Corectec exams. The instructor will also share the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, in Sp23 the RA275 Professional Development Practicum course instructors will consider requiring attendance for both days of the student seminar and applying the mock board score the students earn at the seminar towards the RA275 course grade. (09/01/2022)</p>
<p>SL: Didactic - RA:154 CT Topic Presentation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA154 CT Topic Presentation was 96.24%. This year's average score of 96.75% is consistent with prior data and benchmark continues to be exceeded. This is only the second year that this measurement tool has been used so no additional data is available. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2022 = 96.75% (n=8) Previous data: Spring 2021 = 96.24% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor</p>	<p>Action: To continue to exceed benchmark for the 2022-2023 year, the instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment.	they complete a final grade for each presentation. (09/01/2022)

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: RA: 145 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.65. This year's average score is almost exact at 3.66. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 3 years. Students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>Spring 2022 = 3.66 (N =10)</p> <p>Previous data:</p> <p>2020-2021 3.65 (N=18)</p> <p>2019-2020 3.6 (N=16)</p>	<p>Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
	<p>2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is a slight increase compared to the previous year. The student scores were higher than the previous year in the Application on Knowledge, Self-Image for Level in the ASR Program, and Composure and Adaptability. In the area of ability to follow directions there was no change over the prior year. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting.</p>	
<p>SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.75. This year's score was slightly lower at 3.57. This is the lowest score when looking at data from 2017 to the present, but the decrease would not be considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2021: 3.57 (n=17) Previous Data: 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12) 2017: 3.79 (n=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark; however, the students' scores decreased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to demonstrate their ability to critically think in</p>	<p>Action: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	the clinical setting.	

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Service - RA:135 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level I-Fall Semester Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA135 Community Service/Service Learning Evaluation was 88.80%. This year's score was significantly lower at 77.46%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2017 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2021 = 77.46% (n=13) Previous data: 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) 2016 = 72% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. One student stopped participating in the course and did not submit a paper resulting in a zero. Many of the deductions were in the research and writing portion of the grade rubric. Many had APA errors and did not follow assignment instructions. Some students offered minimal reflection of the activity and minimal research of the organization and the overall cause. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. (09/01/2022)</p>
<p>SL: Service - RA: 265 Community</p>		

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA265 Community Service/Service Learning Evaluation was 84.56%. This year's score was significantly lower at 71.41%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2018 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. The assignment instructions and grade rubric were discussed face to face with all students the first day of the semester. Students were provided with links to writing resources within the assignment description in Blackboard. One student was advised for an Academic Integrity violation for plagiarism which resulted in a reduced score. One student only completed 2.5 hours of the required 9 hours which resulted in a low score. One student submitted the assignment late resulting in a 10% grade reduction on the total grade. One student received a 32% total score due to a poor-quality unprofessional paper; this student was advised. A few papers were submitted that did not respond to all assignment questions and/or provided limited research and reflection. Most deductions were in the writing and research portions of the grade rubric. Overall, all students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The instructors will place the paper assignment instructions within the assignment drop box in Blackboard instead of in the syllabus. The 9-hour requirement will be stated/bolded within the grade distribution section of the syllabus. Students will be provided with additional APA resources. (09/01/2022)</p>

AU Outcome: ASR 4.2

Students will practice professionalism

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt.)</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.34. This year's average score of 3.47 was slightly higher, yet consistent with prior data. The benchmark continues to be exceeded and all students</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments,</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>continue to demonstrate their ability to practice professionalism. 2021: 3.47 (n=13) Previous data: 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in the areas of the performance criteria, organization of assignments, initiative, policies and procedures, and ethical and professional behaviors. There was a decrease in the area of student appearance from last year. Overall, the students to continually demonstrate their ability to practice professionalism.</p>	<p>initiative, appearance, policies and procedures, and ethical and professional behavior. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.65. This year's average score was higher at 3.86. Looking at data from 2016 to the present, this year's average score was the highest out of all cohorts. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2022 = 3.86 (n =17) Previous data: 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.6 (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical</p>	<p>Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
	instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased over prior years; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. Some of the comments on the evaluations were: Student are taking initiative to be involved in the exams and keep busy. The students continue to demonstrate their ability to practice professionalism.	

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Students will show knowledge of ultrasound transducers

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - Ultrasound Transducer Exam</p> <p>Target: Students will receive an average score of $\geq 80\%$</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Program Chair HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>There was a decrease in performance compared to the previous year.</p> <p>2021-2022: 71% (5of7) = 80%</p> <p>2020-2021: 100% students scored > than 80%; n=8</p> <p>2019-2020: 85.7 % students scored = 80% (n=6)</p> <p>Spring 2019:100% of students scored = 80% (n=6)</p> <p>Spring 2018:100% of students scored = 80%. (n=8)</p> <p>Spring 2017 :100% of students scored = 80%.</p> <p>Score Ave :</p> <p>Fall 2015 =93.5(n=5)</p> <p>Fall 2014=90%(6),59%(1)</p> <p>Fall 2013- 104.6%(n=7)</p>	<p>Action: To facilitate student achievement of at least 80% on this exam during 2021-2022, faculty will continue to use a variety of instructional methods, including lecture and assignments designed to reinforce concepts covered in this exam. Faculty will also identify students who are at risk for poor performance on the exam and refer them to the Student Success Coordinator for assistance. (12/15/2022)</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Measures	Results	Actions
	<p>Fall 2012-92%(n=8) Fall 2011-83.4%(n=5) Fall 2010-100% (n=6) (12/15/2022) Action Plan Impact: Per the 2020-2021 action plan, faculty provided additional learning experiences to facilitate student performance on this assignment and offered tutoring sessions to provide more time for topic review and an opportunity for students/faculty to ask/answer questions. This action plan appears to have been effective in promoting success for a majority of students in the course.</p>	
<p>SL: Didactic - Students will construct transducer model</p> <p>Target: Each student will receive a score of $\geq 80\%$</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Program Chair HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Results are comparable to previous years. 2021-2022 100% of students received greater than 80% (n=7) 2020-2021 100% of students received greater than 80%, all students scored $>90\%$ (n=8) Fall 2019 100% of students scored above 80%(n=7) Spring 2018:100% of students scored above 80% 2017- 87% of student scored above 80% (12/15/2022) Action Plan Impact: Per the 2020-2021 action plan, faculty provided rubric identifying project requirements and associated scoring. The course also included topic lecture/discussion, graded homework assignments, and offered tutoring. This action plan appears to have been effective in promoting student success on this assignment.</p>	<p>Action: To meet the target during 2022-2023, faculty will continue to ensure that students understand the concepts of transducers as well as the components of the grading rubric for successful project submission as students prepare to construct the transducer model. (12/15/2022)</p>

AU Outcome: DMS 1.2

Students will apply correct scanning skills

Outcome Status: Active

Measures	Results	Actions
<p>SL: Lab - Final Lab Practical</p> <p>Target: Students will achieve an average score of $\geq 80\%$.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Result comparable to previous years.</p>	<p>Action: To ensure that students are successful on this assignment and achieve the target during 2022-</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.2

Measures	Results	Actions
<p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: Program Faculty/ HS Curriculum Committee</p>	<p>Fall 2021 100% = 80% (n=7) Fall 2020 100% = 80% (8/8) Fall 2019 100% = 80% (7/7) Fall 2018 100% = 80% (6/6) Fall 2017 100% = 80% (8/8) Fall 2016 87.5 = 80% (7/8) Fall 2015 60% = 80% 3/5 =81.6 % 2/5 < 80% (N=5)</p> <p>(12/15/2022) Action Plan Impact: Per the 2020-2021 action plan, faculty members provided instruction in areas of basic anatomy, sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review. Faculty required scanning sessions and offered additional scanning sessions supervised by various instructors. This action plan appears to have been effective in helping students be successful on the assignment.</p>	<p>2023, faculty will continue to provide instruction in areas of basic and sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review, and will also continue to provide small group and/or individual scanning sessions. (12/15/2022)</p>
<p>SL: Lab - Practical Testing in Laboratory on Thyroid: Exam Protocol</p> <p>Target: >=90% of students will pass lab practical on 1st attempt</p> <p>Timeframe: Didactic Level - Spring Semester</p> <p>Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Result comparable to previous years. Students adequately demonstrated appropriate knowledge of anatomy, exam protocols and imaging techniques</p> <p>Spring 2022 100% (6/6) passed of students lab practical on 1st attempt Spring 2021 100% (8/8) Spring 2020 100% (7/7) Spring 2019-100% (9/9) Spring 2018 100% (9/9) Spring 2017 100% (8/8) Spring 2016 100% (5/5) Spring 2015- 83% (5/6) Spring 2014-83% (5/6) Spring 2013-50% Spring 2012- 72%</p>	<p>Action: To meet the target during 2022-2023, faculty will continue to provide a variety of methods to enhance student's knowledge and imaging skills, including utilizing PTA's, interactive feedback/assessment and options for additional scan sessions. (12/15/2022)</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.2

Measures	Results	Actions
	<p>(12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan, DMS faculty provided feedback on scanning quality and techniques to the students as well as provide time for extra scanning sessions beyond the regular class time. This action plan appears to have been effective in helping students be successful on the assignment.</p>	

AU Outcome: DMS 2.1

Students will demonstrate effective communication skills in the imaging lab setting

Outcome Status: Active

Measures	Results	Actions
<p>SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11,17 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting (12/15/2022) Action Plan Impact: Per the 2020-2021 action plan, faculty continued to obtain and assess feedback from clinical instructors. At each site visit, the program faculty reviewed evaluations with clinical instructors and the student. Any areas of concern were identified and if necessary, a recommendation/plan of action for student improvement developed. This action plan appears to have been effective in helping students be successful in the clinical setting.</p>	<p>Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (12/15/2022)</p>
<p>SL: Clinical evaluation tool - DMS:409 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11, 17 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting Spring 2022 avg 4.88 Spring 2021 average >4 Spring 2020 avg score is 4.79 (n=6)</p>	<p>Action: To meet the target during the 2022-2023, faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Didactic Level - Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Sp 2019 avg score is 4.92 (n=9) Sp 2018 avg score 4.94 (n=7). Sp 2017 avg score 4.78 (n=4). (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021, faculty continued to obtain and assess feedback from clinical instructors. At each site visit, the program faculty reviewed evaluations with clinical instructors and the student. Any areas of concern were identified and if necessary, a recommendation/plan of action for student improvement was developed. This action plan appears to have been effective in helping students be successful in the clinical setting and achieve the target. The previous action plan also included a recommendation that a change be made to this measure due to a change in the rating scale on the evaluation tool; however, due to many changes at clinical sites, faculty opted to not implement a new rubric at this time but to continue using metrics currently in place.</p>	<p>and a recommendation/plan of action for student improvement will be developed, if necessary. (12/15/2022)</p>

AU Outcome: DMS 2.2

Students will successfully obtain patient history

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations Number 1</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses ≥ 4</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam.</p> <p>Fall 2021 avg 4.65 Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 (12/15/2022)</p> <p>Action Plan Impact: Per the 2021-2022 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for</p>	<p>Action: To meet the target during the 2022-2023, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. (12/15/2022)</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Measures	Results	Actions
	this measure	

AU Outcome: DMS 3.1

Students will successfully analyze sonographic images

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - Ultrasound Imaging Imaging Portfolio</p> <p>Target: Each student will receive score \geq 80%</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: Course Instructor/ Program Faculty/ HS Faculty Org. Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Result comparable to previous years.</p> <p>Fall 2021 100% scored =80% n=7</p> <p>Fall 2020 100% scored =80% n=8</p> <p>Fall 2019 100% scored =80% n=7</p> <p>Fall 2018 100% met target scores: Of 81-91% n=6</p> <p>Fall 2017- 100% (8/8 scored =80%)</p> <p>Fall 2016- 7 out of 8 students scored = 80%; 82-88%; 1 received 78% (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2022 action plan, faculty required image portfolios to be submitted with expectations that students would demonstrate the necessary skills to acquire quality diagnostic images, which in turn would require that students could successfully analyze those sonographic images for instrumentation factors and diagnostic quality. The opportunity for faculty and students to identify what factors contributed to make an exam “diagnostic” appears to have been effective in helping students be successful on the assignment and achieve the target.</p>	<p>Action: To continue to meet or exceed the target for this measure during the 2022-2023 academic year, faculty will continue to require the image portfolio with expectations that students demonstrate the necessary skills to acquire quality diagnostic images, which in turn requires that students can successfully analyze those sonographic images for instrumentation factors and diagnostic quality. (12/15/2022)</p>
<p>SL: Didactic - ABD II Thyroid Image Assessment</p> <p>Target: Each student will receive score \geq 80%</p> <p>Timeframe: Annually-Spring semester</p> <p>Responsible Parties: ABD II Course</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Result comparable to previous years.</p> <p>Sp 2022 100% scored =80% n=6</p> <p>Sp 2021 100% (8/8) scored =80%</p> <p>Sp 2020 no results due to Corvid 19</p>	<p>Action: To continue to meet or exceed the target for this measure during the 2022-2023 academic year, faculty will continue to include both didactic and labs sessions to enhance the student's</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.1

Measures	Results	Actions
Instructor	<p>Sp 2019 100% (6/6) scored =80%</p> <p>Spring 2018 100% (8/8) scored =80% (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan, faculty would continue to include both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. The consistent results for this measure demonstrate that this action plan is effective.</p>	<p>knowledge and skills level to evaluate images successfully.</p> <p>Faculty will also distribute an image assessment rubric and will also demonstrate the image assessment process prior to submission of the image assessment assignment. (12/15/2022)</p>

AU Outcome: DMS 3.2

Students will be able to critically reflect on their performance in the clinical lab

Outcome Status: Active

Measures	Results	Actions
<p>SL: Clinical evaluation tool - DMS:408 Student Self Evaluation</p> <p>Target: On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: Clinical Instructor/Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>Results decreased compared with previous years. A review of the self-evaluations identified that several students did not feel confident regarding their critical thinking skills, thus contributing to a lower self-evaluation score.</p> <p>Fall 2021 avg – 2.86 (n=7)</p> <p>Fall 2020 avg -3.4 (n=5)</p> <p>Fall 2019 avg - 3.35 (n=6)</p> <p>Fall 2018 avg.- 3.56 (n=9)</p> <p>Fall 2017: avg 3.29(n=7)</p> <p>Fall 2016: avg 3.32(n=5)</p> <p>Fall 2015: avg 3.65 (n=5)</p> <p>Fall 2014: 3.46 (n=6)</p> <p>Fall 2013 : avg 3.52 (N=8)</p> <p>Fall 2012 : avg 3.6 (N=5)</p> <p>Fall 2012: avg 3.78 (N=6)</p> <p>(12/15/2022)</p>	<p>Action: To meet the target during the 2022-2023, faculty will continue use of current self- evaluation forms. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (12/15/2022)</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.2

Measures	Results	Actions
	<p>Action Plan Impact: Per the 2021-2022 action plan, faculty will continue use of current self-evaluation forms to assess student self-assess. This process is effective in helping students identify areas of concern so that the outcome will be that the student can be successful in the clinical setting.</p>	
<p>SL: Clinical evaluation tool - DMS:409 Student Self evaluation</p> <p>Target: On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3</p> <p>Timeframe: Didactic Level Spring Semester</p> <p>Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This score is consistent with previous years.</p> <p>Spring 2022 avg- 3.43 (n= 6)</p> <p>Spring 2021 avg =3.56 (n=5)</p> <p>Spring 2020 avg. 3.52(n=6)</p> <p>Spring 2019 avg. 3.68 (n=9)</p> <p>Spring 2018 avg 3.42(n=7)</p> <p>Spring 2017 avg 3.57 (n=4)</p> <p>Spring 2016 avg 3.68 (n=5)</p> <p>Spring 2015 avg. 3.64 (n=5)</p> <p>Spring 2014 avg 3.7 (n= 8)</p> <p>Spring 2013 avg 3.8 (n=4)</p> <p>Spring 2012 avg 3.79(n=6) (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan, faculty continued use of current self-evaluation so that areas of concern could be reviewed and addressed by faculty, student and clinical instructors. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure.</p>	<p>Action: To meet the target during the 2022-2023, faculty will continue use of current self- evaluation forms/process. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (12/15/2022)</p>

AU Outcome: DMS 4.1

Students will demonstrate professional growth or learning

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - Innovations in Sonography - Presentation</p> <p>Target: Each student will receive</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p>	<p>Action: To meet the target during 2022-2023, faculty will continue to</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
score >= 90% Timeframe: Annually Responsible Parties: Program Faculty/HS Curriculum Committee	Results are consistent with previous 3 years. Spring 2022 100% of students receive score = 90% (n=6) Spring 2021:100% scored = 90% (n=8) Spring 2020 100% scored = 90% (n=7) Spring 2019 100% scored = 90% (n=5 All > 97%) Spring 2018 89%% (8/9) received score = 90%;1 received score of 87% (12/15/2022) Action Plan Impact: Per the 2021-2022action plan, the faculty required students to develop and give a presentation on sonography issues or topics and that faculty would continue to provide feedback and tips on development of presentations. This action plan appears to have been effective in helping students be successful on the assignment and to achieve the target.	require that students develop and give a presentation on sonography issues or topics. Faculty and fellow students continued to provide feedback regarding classmates' presentations. (12/15/2022)
SL: Didactic - B- Sonography webinar Target: Each student will receive score >= 90% Timeframe: Annually Responsible Parties: Program Faculty/HS Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes All students achieved target; this is consistent with results of past 3 years Sp 2022 100% received score = 90% (n=6) Sp 2021 100% received score = 90% (n=8) Sp 2020 100% (7/7) received score = 90% Sp 2019 100% (6/6) received score = 90% (12/15/2022) Action Plan Impact: Per the 2021-2022 action plan, faculty will continue to require students to view webinar and complete a worksheet as a course requirement. The webinar and the required worksheet that followed with webinar assisted the students in remembering key points. This action plan appears to have been effective in helping students be successful on the assignment.	Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, faculty will continue to require students to view webinar and complete a worksheet as a course requirement. (12/15/2022)

AU Outcome: DMS 4.2

Students will practice professionalism in the clinical lab setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Scores remain high. Students continue to demonstrate professional in the clinical setting.</p> <p>Fall 2021 avg 4.88</p> <p>Fall 2020 avg 4.975 (n=5)</p> <p>Fall 2019 Avg 4.93</p> <p>Fall 2018 Avg. 4.92</p> <p>Fall 2017 avg score is 4.8 (n=7)</p> <p>Fall 2016 average score is 4.86 (n=5). (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2022 action plan, faculty will continue to use current evaluation forms for clinical assessments for faculty, CI and student review to identify areas of concern, and make recommendations/plan for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure.</p>	<p>Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement (12/15/2022)</p>
<p>SL: Clinical evaluation tool - DMS:409 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p> <p>Timeframe: Didactic Level - Spring Semester</p> <p>Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Scores remain high. Students continue to demonstrate professional in the clinical setting.</p> <p>Spring 2022 avg 4.91</p> <p>Spring 2021 average score 5.0 (n=5)</p> <p>Spring 2020 average score 4.95(n=6)</p> <p>Spring 2019 Avg. 4.93 (n=9)</p> <p>Spring 2018 avg score is 4 (n=7)</p> <p>Spring 2017 avg 4.83 (n=4) (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan, faculty would continue to use existing forms for evaluation. Faculty would then review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure.</p>	<p>Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (12/15/2022)</p>

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Program (HS) - Doctor of Education (Ed.D.)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 720: Finance and Fiscal Management – Budget Assignment Target: Each student will receive an average score of >80% Timeframe: When course is taught (e.g. Spring 2017) Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes For the Spring 2022 semester, 100% of students (n=3) scored >80% on the budget assignment. This compares similarly to the results from the last time the course was offered in Spring 2017 when 100% of students (n=17) scored >80%. (08/17/2022) Action Plan Impact: The budget assignment directly supports the outcome that the students can demonstrate competence in a faculty and/or leadership role. The action plan from the 2017 CAP report suggested that more weight be added to this assignment (previously it was weighted as 15% of the overall course grade) and it was increased to 20% of the overall course grade. The only other significant change to this course was that during the SP22 semester it was an 8-week course reduced from 16 weeks when it was offered in SP17.</p>	<p>Action: The next time the course is offered, the start/stop dates of the budget assignment need to be evaluated to ensure students have enough time to complete it due to the shorter overall duration of the course. (08/17/2022)</p>
<p>SL: Didactic - EdD 740: Today’s Health Sciences Student: Trends, Issues and Challenges – Final Paper Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., Fall 2016) Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	
<p>SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education --Technology Transcendence Final Project Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
(e.g., Fall 2015, Fall 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		
SL: Didactic - EdD 790: Practicum in Health Professions Education – Let’s Get Creative Assignment Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 795: Practicum in Health Professions Education – Let’s Get Creative Assignment Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.	
SL: Didactic - EdD 700: Organizational Development and Change in Education – Final Paper Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught (e.g., Fall 2017) Responsible Parties: Program Chair/HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/15/2023) Action Plan Impact: Course not offered.	
	Reporting Year: 2021 - 2022 (Year 4) Target Met: No Fall 2021 – 1 student 0% of students received a score of >85% Overall average score = 66.1% (37/56)	Action: Continue to use the feedback assignments in line with the project rubric to help students develop the final project. (08/17/2022)

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Fall 2014 – 98.7% (average) Fall 2017 – 86.2% (average) Fall 2019 – Met; 98.3% (average); n=2</p> <p>These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since first offered in 2014, but the student in this section failed to meet the target. (08/17/2022)</p> <p>Action Plan Impact: The 2019-2020 action plan for the 2021-2022 academic year indicated no changes would be made to this assignment based on past successes. The final paper in this course was a culmination of several smaller assignments that required students to create a change proposal and apply concepts covered in the course. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. Feedback given on the smaller assignments was framed according to the rubric used to assess the final project to help students make revisions. This course was taught as an 8-week course for the first time in fall 2021, and the course was QM certified prior to delivery.</p>	

AU Outcome: EdD 2.1

Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 750: Curriculum Theory and Design in the Health Professions – Final Project Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	
<p>SL: Didactic - EdD 760: Pedagogy in</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: This assignment will be</p>

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Health Professions Education – Teaching Evaluation Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2014, 2017, etc.) Responsible Parties: Program Chair/HS Graduate Curriculum Committee</p>	<p>Target Met: No Spring 2023 – 2 students</p> <p>50% of students received a score of >85%</p> <p>Overall average score = 65% (19.5/30)</p> <p>2020 (n=3) – target met (overall average = 100%)</p> <p>These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. (08/15/2023)</p> <p>Action Plan Impact: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations.</p>	<p>included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. (08/15/2023)</p>
<p>SL: Didactic - EdD 790: Practicum in Health Professions Education – Project Conferences Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	

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Program (HS) - Masters in Occupational Therapy (MS in OT)

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 3.0 Incorporate models of practice

Students will incorporate models of practice/frames of reference with client-centered strategies that consider a variety of underlying factors.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - OT 601 –Care Plan Assignment Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 4 (Fall) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Cohort completed the Evaluation/Treatment plan assignment with an average percentage of 94%. (12/02/2022) Action Plan Impact: The same case study was utilized as the previous year, with recordings and examples provided due to the limitation in ability to have live participants due to pandemic.</p>	<p>Action: Continue to implement live or recorded live by professor case study, to allow students to ask questions of therapists or be present with intervention. If possible have live intervention next year as recordings were at times hard to hear. Consider use of electronic documentation method via EPIC training platform. (12/02/2022)</p>

AU Outcome: MS in OT 4.0 Collaborative decision-making

Students will demonstrate collaborative approaches to decision-making with patients/clients/consumers/families that includes client-specific culture and context.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical - OT 523 Care Plan/Occupational Profile Target: Average cohort score of 90% or higher Timeframe: 1st Year of program, Semester 3 (Summer) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This outcome was addressed in the final exam and the Case Report assignment; The final exam met the benchmark as stated. Avg score was 92%. The Case Report assignment is not graded (12/02/2022) Action Plan Impact: There was a care plan assignment completed but was not graded. This assignment might fit the outcome more completely. The Final exam is useful in connecting portions of the outcome.</p>	<p>Action: Change the care plan assignment to be graded. (12/02/2022)</p>

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Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 7.0 Adaptive equipment

Students will demonstrate the ability to select and apply appropriate adaptive equipment/technology in treatment.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - Final Exam Video Case Target: Average cohort score of 90% or higher Timeframe: 1st Year of program, Semester 3 (Summer) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score 93.3% (12/02/2022) Action Plan Impact: This is an improvement from 2020 average cohort score of 92%.</p>	<p>Action: Faculty will continue to review the exam and make appropriate changes to capture student learning. Lab opportunities for clinical reasoning and practice with justification for assistive technology recommendations will be modified and implemented. (12/02/2022)</p>

AU Outcome: MS in OT 8.0 Ability to modify environments

Students demonstrate the ability to modify environments to support best outcomes in care.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - OT 523 – Case Study Assignment Target: Average cohort score of 90% or higher Timeframe: 1st Year of program, Semester 3 (Summer) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score 96% (12/02/2022) Action Plan Impact: After discussing the assignment with other faculty, it was decided to keep the assignment as it is. The assignment captures a great foundation for AIP and modification.</p>	<p>Action: Faculty will continue to coordinate with other course instructors to ensure the information is appropriate and foundational for the other course with similar information. It is not anticipated the assignment will change at this time. (12/02/2022)</p>

AU Outcome: MS in OT 11.0 Collaborate to meet patient outcomes

Students will collaborate with interdisciplinary care teams in determining appropriate occupational therapy service delivery to meet patient outcomes.

Outcome Status: Active

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Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 11.0 Collaborate to meet patient outcomes

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - OT 611 – Documentation Assessment for IPE Experience Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 5 (Spring) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score of 95%. (12/02/2022) Action Plan Impact: This outcome is new this timeframe so no comparison data is available.</p>	<p>Action: Develop continued experiential interprofessional clinical reasoning opportunities and participate in interprofessional OSCE on an annual basis (12/02/2022)</p>

AU Outcome: MS in OT 12.0 Collaborate to meet education outcomes

Students will collaborate with an interdisciplinary educational team in determining appropriate occupational therapy service delivery to meet student-client educational outcomes.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - OT 602 Case Study Evaluation Report Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 4 (Fall) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score of 91.1% (12/02/2022) Action Plan Impact: The faculty of the course provided multiple examples of completed school-based evaluation reports and additional opportunities for question and answer along with opportunities to practice completion of this assignment. The assignment was also be positioned after fieldwork opportunities to allow students to experience this type of report within the natural environment of the school-based OT practice with their clinical instructors. This action plan resulted in an increase in average cohort score from last reporting session to now meet the goal.</p>	<p>Action: The faculty of the course will continue to offer examples of a completed school-based evaluation report and additional opportunities for question and answer and peer review along with opportunities to practice completion of this assignment in lab activities. The assignment will continue to be positioned after fieldwork opportunities to allow students to experience this type of report within the natural environment of the school-based OT practice with</p>

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Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 12.0 Collaborate to meet education outcomes

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
		their clinical instructors. (12/02/2022)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.1

Students will demonstrate effective communication skills in the clinical setting.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Summer Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Summer 2021, the average score of the MI480 Clinical Instructor Evaluations Numbers 3,6,10,11 was 3.54. This year’s average score was higher at 4.0. It’s difficult to determine the significance since there was only one student evaluated this cohort. Students continue to demonstrate effective communication skills in the clinical setting.</p> <p>2022 = 4.0 (n=1)</p> <p>Previous data: 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) (09/08/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to work with each individual student in the clinical environment while providing direct patient care. The instructors did a great job at focusing their attention on helping students to improve their overall communication with patients and other healthcare professionals. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. The 2020-2021 action plan also proposed a curriculum revision for primary pathway students. This revision is currently in process. There were no primary</p>	<p>Action: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student’s ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. (09/08/2022)</p>

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.1

Measures	Results	Actions
	pathway students in this cohort.	
<p>AD: Report - Internal - MI: 465 Clinical Instructor Evaluations Numbers 3, 6,10,11</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Summer Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 3,6,10,11 is 3.38. There is no prior data for the last two years due to students obtaining employment in CT and opting out of the summer externship course. The students continue to demonstrate effective communication in the clinical setting.</p> <p>2022 = 3.38 (n=1)</p> <p>Previous data:</p> <p>2021 (n=0)</p> <p>2020 (n=0)</p> <p>2019 = 4 (n=1) (09/08/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to work with each individual student in the clinical environment. The clinical instructors assisted the student in learning how to effectively communicate with all patients and healthcare professionals. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The clinical instructor did provide feedback on her final graded evaluation, stating that the student showed great improvement during her time in CT. It was also mentioned that she got along well with all staff and was open to instruction from everyone. Effective communication skills in the clinical setting were demonstrated.</p>	<p>Action: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. (09/08/2022)</p>

AU Outcome: MI 2.2

Students will practice written communication skills.

Outcome Status: Active

Measures	Results	Actions
<p>MI: 410 Research PowerPoint Presentation (MRI)</p> <p>Target: Average score of >= 80%</p> <p>Timeframe: Fall Semester</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the MI 410 Research PowerPoint Presentation average score is 98.2%. This year'</p>	<p>Action: The instructor will continue to provide a detailed rubric so each student understands how they will</p>

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: MI: 410 Course Instructor/HS Curriculum Committee</p>	<p>s average score of 96% is consistent with prior data. Benchmark continues to be exceeded. Students continue to demonstrate their ability to practice written communication skills.</p> <p>2021 = 96% (n=1) Previous data: 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) (09/08/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course which included a PowerPoint presentation. This student did not struggle with APA formatting, the deduction in points was due to the student not submitting a long enough project (15 slides were submitted, 20 slides were required). Each student is required to submit a portion of their presentation part way through the semester and feedback is provided to the student at the time regarding APA formatting, content, format, etc. The student demonstrated their ability to practice written communication skills.</p>	<p>be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. (09/08/2022)</p>
<p>MI: 435 CT Procedures I Reflection Paper Target: Average score of >= 80% Timeframe: Spring Semester Responsible Parties: MI: 435 Course Instructor/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2021. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills.</p> <p>2022 = 100% (n=1) Previous data: 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3) (09/08/2022)</p> <p>Action Plan Impact: The 2020-2021 action plan did not get implemented, but the quality of the assignment was not impacted. There was a new instructor for this course in Spring 2022 and a detailed rubric was not created. All assignment expectations/requirements were provided to the student within the assignment instructions in Blackboard instead of in a separate rubric. The prior action plan will be implemented with the next cohort. The students</p>	<p>Action: The instructor will create a detailed rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. (09/08/2022)</p>

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.2

Measures	Results	Actions
	continue to demonstrate their ability to practice written communication skills.	

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.1

Students will demonstrate technical competency in the delivery of quality laboratory service

Outcome Status: Active

Measures	Results	Actions
<p>SL: Clinical evaluation tool - Basic Manual Differential Assignments Target: 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Fall 2021 (n=16) 100% of students received an average score of >80% Overall average = 29.7/30 points (99%) New measure for this year. (08/18/2022) Action Plan Impact: In order to meet this target this year, a new resource (CellaVision) was used to teach and assess cell morphology. Students completed two practice assignments that were not graded to allow them to classify normal cells. The graded assignment was completed during the last week of the course and included 3 normal differentials. This was a new measure for this year.</p>	<p>Action: In order to meet this target with all students next year, course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. (08/18/2022)</p>

AU Outcome: MLS 4.2

Students will communicate effectively in an online environment

Outcome Status: Active

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 4.2

Measures	Results	Actions
<p>SL: Didactic - Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management)</p> <p>Target: 75% of students will receive an average score of $\geq 80\%$</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Spring 2022 (n=16) 100% students earned an average score of $>80\%$ (Ave. score = 97%)</p> <p>Spring 2021 (n=17): 100%</p> <p>Spring 2020:100%</p> <p>Spring 2019: 98%</p> <p>These results demonstrate the target (75% of students will receive an average score of $\geq 80\%$) has been consistently met (4/4 times) since the 2018-2019 academic year. (08/17/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan proposed for 2021-2022, a new instructor taught this course in 2022. About half of the weekly modules included discussions this year, as a few assignments were updated. This target continues to be met each year; students are engaged and enjoy this assignment as it is based on real-world situations. Students use their textbook and assigned readings along with their own workplace experiences to add to the discussion.</p>	<p>Action: Discussion board assignments will continue to be used in this course. A new edition textbook will be used. (08/17/2022)</p>

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Student will be able to identify determinants of health and illness

Outcome Status: Active

Measures	Results	Actions
<p>SL: Exam/Quiz - Teacher-made - PH: 430 Final exam</p> <p>Target: Average score of $>80\%$</p> <p>Timeframe: Fall Semester</p> <p>Responsible Parties: Program faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>In Fall 2021, three students earned an average of 75.3% on the final exam. In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of</p>	<p>Action: A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new</p>

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Measures	Results	Actions
/ HS APG committee	79.3% on the final exam. (05/17/2022) Action Plan Impact: Increasing the number of study sessions from two to four did not appear to cause an improvement in student outcomes.	final exam will be created, making next years results not comparable to the two previous years. (05/17/2022)
SL: Didactic - Community needs assessment as part of mid-term project. Target: Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. (05/17/2022) Action Plan Impact: The project was not completed during the last reporting cycle due to a curricular change, with the project moving from PH 440 to PH 420.	Action: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the option to submit early for instructor review. (05/17/2022)

AU Outcome: PH 1.2

Student will be able to identify sources of public health data and information

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - Community needs assessment as part of mid-term project. Target: Successful completion of report Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. (05/17/2022) Action Plan Impact: The project was not completed during the last reporting cycle due to a curricular change, with the project moving from PH 440 to PH 420.	Action: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the option to submit early for instructor review. (05/17/2022)

AU Outcome: PH 1.3

Student will be able to analyze data

Outcome Status: Active

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Public Health (PH)

AU Outcome: PH 1.3

Measures	Results	Actions
<p>SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2021, three students earned an average of 75.3% on the final exam. In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. (05/17/2022) Action Plan Impact: Increasing the number of study sessions from two to four did not appear to cause an improvement in student outcomes.</p>	<p>Action: A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years. (05/17/2022)</p>

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness

Outcome Status: Active

Measures	Results	Actions
<p>SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and different instructors. [more] (04/28/2023) Action Plan Impact: There was no action plan for this item the previous year.</p>	<p>Action: The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity. (04/28/2023)</p>

AU Outcome: PH 3.1

Student will be able to recognizes the role of cultural factors in the delivery of public health services

Outcome Status: Active

Measures	Results	Actions
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College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - PH: 420 Final report Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3% (05/17/2022) Action Plan Impact: Despite simplifying the assignment to remove a recorded voice narration over slides, scores dropped. This is largely attributable to one student who did not complete parts of the project and received a low grade. The median score was 88.3%.</p>	<p>Action: The project has multiple parts which can be confusing for students. A checklist will be included so students do not accidentally leave out sections. (05/17/2022)</p>

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH: 410 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam. (05/17/2022) Action Plan Impact: Answers were reviewed for fairness with five questions being rewritten or replaced. Students were allowed to take the exam twice in 2022, though they were not given access to the current answers. Four of the seven students opted to take it a second time, with an average improvement of 10.625 points out of 75 possible.</p>	<p>Action: A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created. (05/17/2022)</p>

AU Outcome: PH 4.1

Student should be able to describe the scientific foundation of the field of public health

Outcome Status: Active

College Goal 2 - Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

Program (HS) - Public Health (PH)

AU Outcome: PH 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, four students earned an average of 90% on the midterm exam. In Fall 2020, four students earned an average of 100% on the midterm exam. In Fall 2019, three students earned an average of 77.1% on the midterm exam. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam. (05/17/2022) Action Plan Impact: Due to academic honesty issues, an updated version of the text was used and a new test created. This brought the scores down within a more expected range.</p>	<p>Action: The new course materials appear to be effective and scores are in the desired range. Extra credit questions will be added to the exam and the trend closely monitored. (05/17/2022)</p>
<p>SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, three students earned an average of 75.3% on the final exam. In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. (05/17/2022) Action Plan Impact: Increasing the number of study sessions from two to four did not appear to cause an improvement in student outcomes.</p>	<p>Action: A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years. (05/17/2022)</p>

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Admin - Administration

AU Outcome: Admin 2.0

Environment encourages Allen College employees to maximize their performance

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - External - Salary comparison tools (e.g., IAICU, etc.) Target: Faculty salaries will be at the average comparable salary for rank at peer institutions. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Allen College is at or above 2020-21 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Staff salary comparisons were completed in 2022 for all positions using CUPA-HR reports. Salary market adjustments were made based on our data. (09/14/2022) Action Plan Impact: Allen College compared all data as indicated in our action plan for comparison data which resulted in no market adjustments being needed for faculty and some market adjustments being made for staff. The 2022-2023 results were influenced by the 2020-2021 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Related Documents: VI.A. UPH Allen College 2022-23 Faculty Salary Review BOT.pptx</p>	<p>Action: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends. (09/14/2022)</p>
<p>AD: Report - Internal - Annual report of Faculty Goal Achievement-short term teaching goals Target: 85% of faculty completely meet short-term teaching goals Timeframe: Annually Responsible Parties: Provost</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 91.8% (45/49) met the short-term teaching goals. These results are comparable to 2020-2021 where 98.0% (50/51) faculty met the short-term teaching goals. As described in the 2019-2020 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester. (12/02/2022) Action Plan Impact: Even though the academic deans discussed the importance of achieving short-term goals during the evaluation period, the results did decrease from 2020-2021; however, the results still exceeded the target goal.</p>	<p>Action: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. Providing examples will also be implemented for newer faculty members. The results will be analyzed during the next reporting cycle. (12/05/2022)</p>
<p>AD: Report - Internal - Annual report</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	

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Admin - Administration

AU Outcome: Admin 2.0

Measures	Results	Actions
<p>of Faculty Goal Achievement-progress on scholarly enrichment Target: 85% of faculty demonstrate progress on scholarly enrichment plans. Timeframe: Annually Responsible Parties: Provost</p>	<p>Target Met: Yes 91.8% (45/49) of faculty demonstrated progress on scholarly enrichment plans. Four faculty did not demonstrate progress. These results compare favorably to 2019-2020 where 82.4% (42/51) faculty made progress on plans. (12/02/2022) Action Plan Impact: Discussions took place during annual evaluations regarding progress toward scholarly enrichment plans. Suggestions were made for potential plans and goals.</p>	<p>Action: For the 2022-2023 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. (12/05/2022)</p>
<p>AD: Report - Internal - Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. Target: College provided financial support to college faculty and staff to attend educational and/or professional development activities Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In 2021 we budgeted for our education and travel expenses and were successful as \$17,002 was spent on tuition assistance for faculty and staff and \$42,208 was spent on conference and meeting travel totaling \$59,210 for faculty and staff. For 2022 there is \$114,466 budgeted for education and travel. These results met target but have decreased when compared with prior year due to less educational assistance requested and mitigation efforts reduced travel compared to prior year. Also, travel continued to be halted due to the COVID-19 pandemic and most conferences were virtual in 2021 which resulted in significant savings. (09/14/2022) Action Plan Impact: As mentioned in the 2020 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets</p>	<p>Action: Continue to budget education and travel expenses annually for faculty and staff professional development. (09/14/2022)</p>
<p>AD: Report - Internal - Professional Development and Welfare (PDW) committee annual scholarly recognition report. Target: 55% of faculty and staff are recognized for their service and scholarly accomplishments</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 27/77 (35%) of faculty and staff were recognized for scholarly achievements (same as previous year) during 2021 (January 2021-December 2021). 12/77 (16%) of faculty and staff were recognized for a service award (down 4 percentage points from the previous year) during 2021 (January 2021-December 2021).</p>	<p>Action: During the 2022-2023 academic year, to collect 2022 scholarship activities, faculty and staff will be sent a Google poll link every 3 months (4x/year), with the final poll being sent in January of</p>

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Admin - Administration

AU Outcome: Admin 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Annually Responsible Parties: PDW Committee Chair</p>	<p>Previous results for comparison:</p> <p>2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly award and 22.8% were recognized for a service award during 2019. 2018-2019: 47% of faculty and staff were recognized for a scholarly award during 2018. (09/30/2022)</p> <p>Action Plan Impact: Per the action plan that was proposed for 2021-2022, faculty and staff were asked to submit scholarly achievements on a bi-monthly basis (a google doc link was sent every two months from the PDW chair with a final document sent in January of 2022, instead of at the end of the calendar year, to encourage faculty and staff to submit scholarly achievements. This action plan was not accompanied by an increase in the percentage of faculty and staff who were recognized for scholarly achievements and service.</p> <p>It is important to consider that some faculty may do scholarly activities and service, but never report them, no matter how easy it is to report using the Google poll links that are sent out periodically.</p>	<p>2023. A Google poll link will be sent monthly to collect service activities.</p> <p>During the 2022-2023 academic year, the PDW committee will review this measure of the administrative outcome, "Environment encourages Allen College employees to maximize their performance" and the target that "55% of faculty and staff are recognized for their service and scholarly accomplishments" to determine if the measure and target are appropriate measures of the outcome. Technically, 100% of faculty and staff are recognized (i.e., whomever submits a qualifying activity is recognized). The question is, are we trying to promote scholarship and service by a specified percentage of faculty and staff or we just trying to ensure that we recognize the service and scholarship that is reported? In any case, there should be separate measures for service and scholarly accomplishments.</p> <p>(09/30/2022)</p>

AU Outcome: Admin 3.0

College Goal 3 - Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

Admin - Administration

AU Outcome: Admin 3.0

College receives external monetary contributions in the form of grants, scholarships, and gifts

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Internal Total Donations to College for Year</p> <p>Target: Amount of monetary donations increase.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: President</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>Allen College and UnityPoint Health – Waterloo Foundation were not able to increase the monetary amount donated 2021-2022 compared to 2019-2020. The 2020-2021 amount was over \$1,000,000 more than 2019-2020 due to a variety of factors including some capital projects. If we exclude the 2020-2021 amount and compare the 2021-2022 totals to 2019-2020, the amount raised in 2021-2022 exceed that year's total by \$300,000.</p> <p>2021-2022 June 1, 2021 – May 31, 2022: Allen College received the following gifts: Cash: \$935,602 Gift-in-Kind: \$13,528 Pledges: \$78,514 Stock/Property: \$29,772 Other: Total: \$1,057,418</p> <p>2020-2021 June 1, 2020 – May 31, 2021: Allen College received the following gifts: Cash: \$1,571,863.08 Gift-in-Kind: \$5,908.00 Pledges: \$291,635.40 Stock/Property: \$6,592.68 Other: Total: \$1,875,999.16</p> <p>2019-2020 June 1, 2019 – May 31, 2020: Allen College received the following gifts: Cash: \$313,726.42 Gift-in-Kind: \$4,065.08</p>	<p>Action: Even though the target for 2021-2022 was not met, it was still a very successful fundraising year for the College. It is worth noting that the economic climate during this timeframe was unfavorable due to high inflation and a declining market. These conditions contribute to decreased ability to donate by some donors. As the unfavorable market conditions look to extend into 2022-2023, the College's Leadership will work very closely with the UnityPoint Health - Allen Foundation to make donation asks that tend to resonate well with donors like funding to support students. Unless market conditions improve, it will be a challenge to meet this target for 2022-2023. (12/05/2022)</p>

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Admin - Administration

AU Outcome: Admin 3.0

Measures	Results	Actions
	<p>Pledges: \$410,181.82 Stock/Property: \$470.95 Other: Total: \$728,444.27 (10/25/2022)</p> <p>Action Plan Impact: Based upon 2020-2021 action plan, the UnityPoint Health - Allen Foundation used more non-traditional methods of reaching donors due to challenges related to the SARS-CoV-2 pandemic. Multiple events were moved online and the Foundation leveraged the relationship with Eddie Thompson and Associates. Even though the total amount of funds raised in 2021-2022 was down compared to the prior year, it still is classified as a successful fundraising year.</p>	

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Recruit and retain a diverse student body [ODS Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...]

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Student Recruitment Assessment [Report of efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.]</p> <p>Target: There will be evidence of regular activities designed to recruit students who represent under-represented groups (e.g., student recruiters attend or host 6 recruitment events annually in</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>For the 2021-2022 academic year, many of the traditional recruiting events returned to in-person attendance, although many required certain COVID safety measures to be taken such as masking, disallowing handshakes, and a restriction on the handing out of promotional items. In total, the admissions office traveled to and/or attended 30 recruiting events during the fall 2021 and spring 2022 academic year. We had a total of 10 Campus Visit Days and 3 Day in the Life events. Campus Visit Days attracted 77 students total, and Day in the Life events brought in 196 students. In total, we hosted 273 students on campus for those 13 total event.</p> <p>This is an improvement form the 2020-2021 year which due to COVID19, many traditional</p>	<p>Action: Currently resources from the rural grant allowed additional events such as the Rural High School Counselor Day April 28,2023 and additional Day In The Life for rural schools March 24, 2023 where about 75 New Hartford sophomores, juniors, and seniors will visit Allen College. (02/13/2023)</p>

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Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Measures	Results	Actions
<p>settings where contact with underrepresented groups is possible). Timeframe: Annually Responsible Parties: Admissions Counselors</p>	<p>recruitment activities were either cancelled or done virtually. Allen College hosted ten College Visit Days, those in the summer and most of the fall were done virtually. In-person Visit Days resumed in March, 2021. The Admissions Office hosted A Day in the Life events two times in the fall of 2019. COVID19 required spring of 2020 events to be cancelled. The Admissions Office attended all possible career and recruitment fairs, but all were held virtually. The career and recruitment fairs were poorly attended by students. The Admissions office adapted new platforms to conduct online events. Again, online events were poorly attended.] (02/13/2023) Action Plan Impact: The Action plan proposed for 2021-2022 was "Regroup for the 21-22 academic year and connect with the new Diversity & Inclusion Coordinator and committee to determine the best approach to events." However, a DEI coordinator has not been hired. But the lifting of COVID restrictions did allow for more outreach.</p>	
<p>AD: Report - Internal - Pipeline Program Development Report [Report of ODS efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.] Target: There will be evidence of regular activities designed to recruit students who represent under-represented groups (e.g., at least 6 career days for surrounding communities annually; annual summer nurse camp for at least 25 students). Timeframe: Annually Responsible Parties: DIS Coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes For the 2021-2022 academic year we had a total of 10 Campus Visit Days and 3 Day in the Life events. Campus Visit Days attracted 77 students total, and Day in the Life events brought in 196 students. In total, we hosted 273 students on campus for those 13 total events. This is an improvement from 2020-2021 there were two Day in the Life events hosting a total of 220 students. This number was slightly increased from 118 during the 2019-2020 reporting cycle. The number of students reached decreased significantly from last year. The middle school date was cancelled by Carver Middle School, and both spring 2020 dates were cancelled due to COVID19. (02/17/2023) Action Plan Impact: The 2021-2022 action plan was to Host Day in the Life events on campus using the new focus for 8th grade students. This did appear to have a positive affect on increased numbers attending the Day In the Life</p>	<p>Action: For the 2022-2023 academic year the admissions and enrollment department are hosting additional Day in the Life specific to rural schools, March 24th, about 75 New Hartford HS sophomores, juniors, and seniors to visit Allen. Also a rural high school counselor day- April 28, 2023 (02/27/2023)</p>

AU Outcome: DIS 1.2

College Goal 3 - Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.2

Recruit and retain a diverse faculty, staff, and administration [ODS Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...]

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Associate Recruitment Assessment [Report of efforts to recruit associates who represent under-represented groups for open positions and success of those efforts; e.g., number of newly hired associates who represent underrepresented groups].</p> <p>Target: There will be evidence of regular activities designed to recruit associates who represent under-represented groups to fill open positions (e.g., advertisements in male nurse journals to recruit male faculty; advertisements in African American publications to recruit Black faculty and staff)</p> <p>Timeframe: Annual</p> <p>Responsible Parties: Provost</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This academic year of 2021-2022 there were 5 new faculty/staff positions filled, all were white/non-Hispanic; 4 female and 1 male. This compares with last year: 2020-2021 results of 8 new faculty/staff positions filled; all 10 were white/non-Hispanic; 5 female, 3 male. (02/27/2023)</p> <p>Action Plan Impact: Allen College focused in 2020-2021 on advertising open faculty/staff positions in more higher education-related forums (e.g., Inside Higher Education, The Chronicle of Higher Education, etc.). All jobs are posted to the Higher Education Recruitment Consortium (HERC) through the University of Iowa which primarily recruits minority applicants as well as Indeed. The College continued to work with UnityPoint Health Human Resources as well as continued using the current recruiting tactics to ensure applicants for any open position include minority groups.</p>	<p>Action: In the academic 2022-2023 the college will continue the past action plans of advertising in HERC, Indeed, and higher education sites. In addition a subcommittee of the DEI is specifically focused on streamlining access to the job application link on the Allen College website to ensure easier access from outside diverse applicants, creating a “highlight corner” on the Allen College website landing page to insert videos or slide shows which show our students, faculty, and staff working with and volunteering in a variety of diverse communities, and creating a short descriptive text banner that describes the main focus of Allen College’s commitment to service and how it works towards increasing diversity in the healthcare community. (02/28/2023)</p>

Admin - Enrollment Management

AU Outcome: EM 1.0

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Admin - Enrollment Management

AU Outcome: EM 1.0

Retain Students

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Program Completion Rates (Graduation Rates Spreadsheet)</p> <p>Target: 70% of graduate students complete their program</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Completion rates for the graduate nursing programs are as follows: Spring 2017 MSN: 33/46 or 72%, completed their program of study Fall 2017 MSN: 38/51 or 75%, completed their program of study. One student is still enrolled, so 38/50, or 76%, completed their program of study. Fall 2018 DNP: 0/1 or 0% completed their program of study. Total completion rate: 71/97 or 73% completed their program of study</p> <p>The completion rates for graduate nursing increased from 20-21 academic year to the 21-22 academic year. The Dashboard reports a 73% completion rate, compared to a 70% completion rate from the year before. (09/14/2022)</p> <p>Action Plan Impact: Last year's action plan included looking for funding sources for graduate nursing students. Allen College was awarded a \$100,000 grant for Psych Mental Health students. The majority of the \$100,000 is for student awards. Allen College was able to help fund Psych Mental Health students for the spring and summer of 2022. The money given to students during this time was given for retention purposes. The fall 2022 awards are in place to recruit additional students.</p> <p>Last year's action plan also included hosting two specific graduate nursing events during the 21-22 academic year. Webinars for graduate nursing students were held four times during the 21-22 academic year, three of the webinars were for admitted students, and one webinar was for prospective students. DPT and OT held several informational meetings for recruitment purposes.</p>	<p>Action: During the 2022-23 academic year, the Dean of Enrollment Management will review the data as follows:</p> <ol style="list-style-type: none"> 1. Did recruitment webinar attendance impact whether a student completed an application or matriculated? 2. Did attendance at a post-admission webinar impact whether the student matriculated or was retained from semester 1 to semester 2? (09/14/2022)
<p>AD: Report - Internal - Graduation Rates within 150%</p> <p>Target: 70% of undergraduate students complete their program</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>School of Health Sciences (2018 cohorts): ASR – 86%</p>	<p>Action: The School of Nursing Action Plan: The STARS Program is an acronym for Support, Transformation,</p>

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Admin - Enrollment Management

AU Outcome: EM 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>within 150% of the program completion time.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>	<p>MLS – 75% DMS – 86% PH – 100% MI – 100%</p> <p>School of Nursing</p> <p>Accelerated BSN – 86% - 86% Traditional BSN - 86% RN-BSN – 75%</p> <p>How do they compare to last year? School of Health Sciences</p> <p>This year vs. Last year ASR – 86% - 75% (increased graduation rate) MLS – 75% - 58% (increased graduation rate) DMS – 86% - 100% (decreased graduation rate) PH – 100% - 100% (same) MI – 100% - no information</p> <p>School of Nursing</p> <p>This year vs. Last year</p> <p>Accelerated BSN – 86% - 92% (decreased graduation rate) Traditional BSN - 86% - 82% (increased graduation rate) RN-BSN – 75% - no information (08/26/2022) Action Plan Impact: Last year’s action plan included presenting the data at a fall APG meeting. The action plan's impact was reported by program directors as follows:</p> <p>Graduation rates will be presented at fall undergraduate APG meetings for review. Further</p>	<p>Accountability, Resiliency, Success. These are things that we want for the pre-licensure BSN students, and are purposefully providing them with programming to achieve these outcomes. (I do have program outcomes written if you want them – one for each word). The BSN faculty believe that this initial programming (approximately 14 hours) will provide a foundation for students as they start the BSN program. The idea is that these foundational concepts that are used in this program are then discussed each semester with the student through an advising session with their faculty advisor. The students will be addressing each of the “STARS” and then discussing other topics relevant to where they are at in the nursing program.</p> <p>ASR Action Plan: ASR: A new process is in place to improve communication between newly admitted students and ASR faculty. When a new ASR student is admitted, an advisor is assigned to that student. This allows the student to get all of their questions answered in a timely manner. The</p>

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Admin - Enrollment Management

AU Outcome: EM 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>action may come from this review.</p> <p>Related Documents: Dashboards 2021-2022.doc</p>	<p>student is asked to review the ASR Student Handbook upon admission to ensure that the student is aware of the policies and procedures that will be followed once the program begins. The ASR faculty have continued to see students struggle with effective study habits and APA. In previous years, a student would be referred to the Student Success Coordinator if struggles occurred. To try and improve the student's ability to study effectively and use proper APA, the Student Success Coordinator is coming to the classroom to present on these topics at the start of the program. The program faculty are hoping this information will be beneficial to the students as they progress through the program. Referrals will continue to be made to the Student Success Coordinator for any student who needs additional resources.</p> <p>MI Action Plan: The MI Program continues to have great results regarding successful completion of the program. We have noticed a few concerns regarding MRI students who are</p>

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Admin - Enrollment Management

AU Outcome: EM 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
		<p>coming into the program without having a radiography background. To help assist those students, a curriculum revision is being considered to help provide those students with additional hands-on experience.</p> <p>MLS Action Plan: All MLS courses have a mid-course check-in All MLS courses display a mid-semester grade for best practices If any student's grade drops below 75% at any point in the semester, we refer them to the Coordinator of Student Success and Engagement Close the loop when students are referred to student success to ensure the student has met with that office. (08/26/2022)</p>
<p>AD: Report - Internal - Retention Plan Target: 100% of tutees achieve a C or higher in tutored courses</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Student</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No During the fall 2021 semester, the Student Success Coordinator position was vacant. There is no data for the fall 2021 semester.</p> <p>SP 2022: 75% of tutees achieved a "C" or higher in tutored courses (12 total students tutored) SU 2022: 71.4% of tutees achieved a "C" or higher in tutored courses" (7 total students tutored)</p>	<p>Action: Data tracking will be more rigorous for this term, including tracking which specifics students attend tutoring, how long they were in the session, and final course score. Tutors are required to complete a new tutor orientation and will be given a tutor handbook</p>

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AU Outcome: EM 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Success Coordinator</p>	<p>Last year's results: Spring Term: 25% decrease in percentage of tutees who achieved a "C" or higher in tutored courses. Summer Term: 15.6 % decrease in percentage of tutees who achieved a "C" or higher in tutored courses"</p> <p>(09/14/2022) Action Plan Impact: Peer tutors were not available for all courses in Spring and Summer term.</p>	<p>for increased efficiency and impact of tutoring. Peer tutors will be sought for all courses: NU 290, NU 335, and NU 320 – with all other courses utilizing Net Tutor for review of materials or papers.</p> <p>Students who score lower than 70% are referred to Student Success for further intervention into course grades. Tutors are also paid for a 1-hour prep hour each week to allow creation of materials such as practice tests, quiz games, and other materials to aid in student learning and success.</p> <p>Peer Tutors will be added to the course Blackboards to have updated information on what is covered in class and to have access to all new class materials. Tutors will also use a virtual platform (Discord) to connect to students who have questions throughout the week and in a virtual space, allowing more accessibility for students who can't make in person sessions.</p> <p>Peer Tutors also have access to a TEAMS group to have access to</p>

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Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
		various learning skill information, tutoring materials, and other documents that can increase the effectiveness of tutoring. (09/14/2022)
<p>AD: Report - Internal - Retention rates</p> <p>Target: 90% of first year students retained in all programs.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>Of the 257 first-time Allen College students enrolled in fall 2020, 88% were retained.</p> <p>Last year, 91% of first-time Allen College students who first enrolled in 2019 were retained through fall 2020. (09/20/2022)</p> <p>Action Plan Impact: It is unknown whether the retention-oriented webinar directed at graduate nursing students contributed to the decline of retention. Due to the continuation of a lack of prospective graduate nursing students, admitting and retaining is difficult and out of Allen College's control.</p>	<p>Action: Determine whether post-admission webinars increase retention from one semester to the next. (09/20/2022)</p>
<p>AD: Report - Internal - Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html</p> <p>Target: Diverse population at Allen College is equal to the diverse population of Black Hawk County.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Student Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>September 15, 2021 – 6.9% (Allen College) July 1, 2021 – 16.3% (Black Hawk County)</p> <p>Although Allen College had a higher percentage of ethnically diverse students, they were not equal to or greater than Black Hawk County. (10/11/2022)</p> <p>Action Plan Impact: Last year's action plan involved requesting the Diversity & Inclusion committee to be involved in this process. Although specific committees were formed in Diversity & Inclusion, the new ad hoc committees did not have an impact.</p> <p>Related Documents: Dashboards 2021-2022.doc</p>	<p>Action: Involve the Diversity & Inclusion committee to assist with the recruitment of ethnically diverse students by including the topic to be a standing item on the agenda. (10/11/2022)</p>
<p>AD: Report - Internal - Admissions Reports; Dashboard Statistics</p> <p>Target: Diverse population at Allen</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>During the 21-22 academic year, the college had 38/552 students, or 6.9% minority. This</p>	<p>Action: Use CAS in a different way to attract ethnic diversity to shorter</p>

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Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
<p>College has increased by 1% since last college census date.</p> <p>Timeframe: Annually Responsible Parties: Dean of Enrollment Management</p>	<p>percentage is less than the 20-21 academic year, when 8.2% of enrollment were minority students. This is a decrease of 1.3%.</p> <p>How do they compare to last year? The percentage of ethnic minority students decreased since last year. (08/01/2022) Action Plan Impact: *This needs to be determined by D & I committee - JRM emailed to Erica Kiernan 8/1/22.</p>	<p>programs and hybrid programs. Look for other ways to advertise broadly in urban areas for those same programs. Increase college presence at the Waterloo Career Center. (08/01/2022)</p>

AU Outcome: EM 2.0

Offer a variety of student activities

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with College sponsored social activities (e.g., student lunches, movie nights) Target: [Options: 80% of students will report satisfied or very satisfied on scale of not satisfied at all (1), not very satisfied (2), somewhat dissatisfied (3) neutral (4), somewhat satisfied (5), satisfied (6), or very satisfied (7).</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No The student satisfaction of extracurricular activities is rated at 5.61. The importance of extracurricular activities to students was rated at 5.14. The gap is .47, which is less than the benchmark of .5. (09/20/2022) Action Plan Impact: Last year's action plan did not impact the change from 2021 to 2022. Due to a gap of a Student Success & Engagement Coordinator from August – December, the action plan was not acted on. Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: This year, there will be two additional committees for our ambassador program. The committees are: recruitment/alumni, social media, special events, fundraising, mentoring, green. Each committee will be given specific tasks at the start of each term to strive to complete (including scheduling events, creating social media content, etc.). These tasks are to ensure each committee is active and working towards student engagement and activities on Allen's campus.</p>

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Admin - Enrollment Management

AU Outcome: EM 2.0

Measures	Results	Actions
<p>Satisfaction-Importance gap is < .50 (-.14). although item is not flagged as a strength, it is also not flagged as a challenge.</p> <p>Item not flagged as a challenge (defined as Item above median for importance (top half) but in 25th percentile for satisfaction OR item above the median for importance (top half) but in the top quartile (75th percentile) for performance gap).]</p> <p>(Target prior to 2020-2021: 80% of students report satisfied or very satisfied on a scale of very satisfied, satisfied, dissatisfied, very dissatisfied, or unaware/have not used).</p> <p>Timeframe: Annually Responsible Parties: Director of Student Success and Engagement</p>		<p>The ambassadors will have greater oversight and organization this term and will be communicated with regularly (at monthly meetings) about upcoming events and activities they can help co-lead or help organize.</p> <p>The ambassadors will also be provided with “pathway” sheets with rules and steps to planning and marketing activities, events, and social media content.</p> <p>A start of term and end of term survey can also be used, if desired, to determine interest and experience with specific events. Number of participants at events and on social media can also be tracked. (09/20/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “Extracurricular activities (e.g., chorus, Nurses Christian Target: 80% of students report satisfied or very satisfied Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No On the 2022 RNLSSI, students rated their satisfaction with college sponsored events at a 5.51. The importance of college sponsored events was rated at 5.22. Although the benchmark of 6.0 or < was not met, the satisfaction was higher than the importance.</p> <p>Last year students rated their satisfaction on college sponsored events at 5.39. This year’s result was higher.</p>	<p>Action: Student Success will be hosting more activities throughout the term to encourage participation and engagement. Activities will range from social, stress management, academic, to informative. In addition, the events will be geared towards all programs</p>

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Admin - Enrollment Management

AU Outcome: EM 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Director of Student Success and Engagement</p>	<p>**The target will be updated to reflect the new RNLSSI scale, as the current target cannot be evaluated. The intended target is to meet the benchmark of 6.0 or <. (09/20/2022)</p> <p>Action Plan Impact: Last year’s action plan may have played a role in the increase of satisfaction. The student activities were moved into the office of student success and engagement, where there was additional focus on engaging students through academics and social events.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>with special emphasis on engaging students who attend classes in McElroy Hall. The goal is to increase student attendance and participation on campus, as well as to get students engaging more with the Student Success office.</p> <p>New marketing plans are also in place for these events, utilizing a variety of marketing types: website, digital screens, fliers, social media, newsletters, and email.</p> <p>Attendance at these activities will be tracked, as well as start/end of term surveys sent out to determine the interest in events from term to term, to better provide events and activities students are interested in. Additionally, there will be a push to engage faculty/staff as well as students, to foster connections and communication between both parties.</p> <p>We will be resurrecting the “Calendar of Events” to help faculty, staff, and student organizations to communicate better and collaborate with campus events.</p>

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Admin - Enrollment Management

AU Outcome: EM 2.0

Measures	Results	Actions
		(09/20/2022)
<p>AD: Report - Internal - Allen College Student Opinion Survey--Satisfaction with accuracy of recruiting materials [moved to EM Goal 3 for 2022-2023] Target: 80% of students report satisfied or very satisfied</p> <p>Timeframe: Annually Responsible Parties: Associate Director of Admissions</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No The students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 6.1 on a 7.0 scale. The students rated the importance of this item as 6.38. There is a gap of .28 between the importance and the satisfaction, which is below the goal of <.50</p> <p>Last year, the students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 5.95 on a 7.0 scale. This year's rating has increased by .16. (09/20/2022) Action Plan Impact: It is likely that using Hubspot has increased the satisfaction for students. The Hubspot information is sent automatically at key points in the student's admissions journey, therefore they are getting information more timely than before Hubspot. Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: This item will be removed as it is a duplicate. (09/20/2022)</p>

AU Outcome: EM 3.0

Admissions policies and processes are fair and timely

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Orientation Survey-Satisfaction with new student orientation Target: 90% of students report being satisfied or very satisfied with new</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 6.1 on a 7.0 scale. The students rated the importance of this item as 6.38. There is a gap of .28 between the importance and the satisfaction, which is below the goal of <.50</p>	<p>Action: The tool for collecting the data on orientation will change for 22-23. The RNLSSI does not reference orientation, and to have accurate information the survey should be completed in close</p>

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Admin - Enrollment Management

AU Outcome: EM 3.0

Measures	Results	Actions
<p>student orientation [Target prior to 2022-2023 was 80% of students report being satisfied or very satisfied with new student orientation]</p> <p>Timeframe: Annually Responsible Parties: Admissions</p>	<p>Last year, the students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 5.95 on a 7.0 scale. This year's rating has increased by .16. (08/25/2022)</p> <p>Action Plan Impact: Last year's action plan had no bearing on the success this year's results. However, a new tool was created to evaluate orientation and will be used in the 2022-23 academic year. RNLSSI question 17 does not measure orientation.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>proximity to the event instead of 6-12 months later. ?</p> <p>The target will also change to match the new tool. For 22-23, the target will be to have an average of 2.1 or above on a 4.0 system. ? (08/25/2022)</p>
<p>AD: Survey - Admissions Survey- Satisfaction with admissions process</p> <p>Target: 90% of students report being satisfied or very satisfied</p> <p>Timeframe: Annually Responsible Parties: Admissions</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>The target will also change to match the new tool. For 22-23, the target will be to have an average of 2.1 or above on a 4.0 system. ?</p> <p>Last year, the students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 5.95 on a 7.0 scale. This year's rating has increased by .16. (08/25/2022)</p> <p>Action Plan Impact: It is likely that using Hubspot has increased the satisfaction for students. The Hubspot information is sent automatically at key points in the student's admissions journey, therefore they are getting information more timely than before Hubspot.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: New surveys are planned in the 22-23 academic year to receive input on pre-enrollment satisfaction. The surveys will go to any student who has a status change throughout the admissions process. We need to capture information from all students we work with through the admissions process. The current tool only captures the opinions of admitted students. (11/10/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “7. Admissions staff provide personalized attention prior to</p> <p>Target: Gap between importance and satisfaction < .50 Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>Students rated their satisfaction with the personalized attention during the admissions process as a 6.11 on a 7.0 scale. They rated the importance of personalized attention at 6.38. The difference is .27, which is lower than the targeted GAP.</p> <p>Last year, students rated their satisfaction with personalized attention at 5.96, and the important at a 6.3. The importance stayed almost unchanged, but the satisfaction rate was</p>	<p>Action: New surveys are planned in the 22-23 academic year to receive input on pre-enrollment satisfaction. The surveys will go to any student who has a status change throughout the admissions process. We need to capture information from all students we</p>

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Admin - Enrollment Management

AU Outcome: EM 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Director of Admissions</p>	<p>higher. (08/25/2022) Action Plan Impact: Hubspot was the focus of this year’s action plan. In addition to developing a communication plan for applicants and admitted students, the Admissions office has implemented program-specific communication plans that give students a more personalized experience. This may have contributed to a higher satisfaction level.</p> <p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Students rated their satisfaction with the personalized attention during the admissions process as a 6.11 on a 7.0 scale. They rated the importance of personalized attention at 6.38. The difference is .27, which is lower than the targeted GAP.</p> <p>Last year, students rated their satisfaction with personalized attention at 5.96, and the important at a 6.3. The importance stayed almost unchanged, but the satisfaction rate was higher. (08/25/2022) Action Plan Impact: Hubspot was the focus of this year’s action plan. In addition to developing a communication plan for applicants and admitted students, the Admissions office has implemented program-specific communication plans that give students a more personalized experience. This may have contributed to a higher satisfaction level.</p>	<p>work with through the admissions process. The current tool only captures the opinions of admitted students. (11/10/2022)</p> <p>Action: The tool for collecting the data on personalized attention will change for 22-23. The RNLSSI only reports matriculated students. In order to get a true evaluation of non-matriculated students, we will send the new survey to all applicants.</p> <p>The target will also change to match the new tool. For 22-23, the target will be to have an average of 2.1 or above on a 4.0 system.</p> <p>The action plan includes building on current communication plans to include a workflow in Hubspot for students who withdraw after they are admitted and they indicate they will seek admission to a different semester. In addition, the Financial Aid Counselor will be part of the admissions process during the prospect and application process.</p> <p>(08/25/2022)</p>

College Goal 3 - Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

Admin - Enrollment Management

AU Outcome: EM 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “17. Admissions counselors accurately portray program offerings in their recruiting practices”</p> <p>Target: Gap between importance and satisfaction < .50</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Director of Admissions</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>The students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 6.1 on a 7.0 scale. The students rated the importance of this item as 6.38. There is a gap of .28 between the importance and the satisfaction, which is below the goal of <.50</p> <p>Last year, the students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 5.95 on a 7.0 scale. This year’s rating has increased by .16. (08/25/2022)</p> <p>Action Plan Impact: It is likely that using Hubspot has increased the satisfaction for students. The Hubspot information is sent automatically at key points in the student’s admissions journey, therefore they are getting information more timely than before Hubspot.</p> <p>Related Documents: Dashboards 2021-2022.doc</p>	<p>Action: The Action plan for 22-23 is to use less printed materials and connect with students who have appointments ahead of time with electronic materials. (08/25/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory: Satisfaction with student orientation (5 = very helpful, 1 = very unhelpful)</p> <p>Target: 90% of new students perceive orientation as helpful or very helpful.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Admissions</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Students rated their satisfaction with the personalized attention during the admissions process as a 6.11 on a 7.0 scale. They rated the importance of personalized attention at 6.38. The difference is .27, which is lower than the targeted GAP.</p> <p>Last year, students rated their satisfaction with personalized attention at 5.96, and the important at a 6.3. The importance stayed almost unchanged, but the satisfaction rate was higher. (08/25/2022)</p> <p>Action Plan Impact: Hubspot was the focus of this year’s action plan. In addition to developing a communication plan for applicants and admitted students, the Admissions office has implemented program-specific communication plans that give students a more personalized experience. This may have contributed to a higher satisfaction level.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: The tool for collecting the data on personalized attention will change for 22-23. The RNLSSI only reports matriculated students. In order to get a true evaluation of non-matriculated students, we will send the new survey to all applicants.</p> <p>The target will also change to match the new tool. For 22-23, the target will be to have an average of 2.1 or above on a 4.0 system.</p> <p>The action plan includes building on current communication plans to</p>

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Admin - Enrollment Management

AU Outcome: EM 3.0

Measures	Results	Actions
		include a workflow in Hubspot for students who withdraw after they are admitted and they indicate they will seek admission to a different semester. In addition, the Financial Aid Counselor will be part of the admissions process during the prospect and application process. (08/25/2022)

AU Outcome: EM 5.0

Registration policies and processes are fair and timely

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Allen College Student Opinion Survey--satisfaction with automated registration process Target: 80% of students report satisfied or very satisfied with the automated registration process.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Registrar</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes On question 9 on the RNLSSI, "I am able to register for the classes I need without conflict," students rated the following: Importance = 6.56 Allen Satisfaction = 6.48</p> <p>On question 19 on the RNLSSI, "Registration processes and procedures are convenient," students rated the following: Importance = 6.50 Allen Satisfaction = 6.24 (09/15/2022) Action Plan Impact: We kept the action plan the same as in years past and that continues to work well.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: During the 22-23 academic year, we will monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. (09/15/2022)</p>
<p>AD: Report - Internal - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Importance = 6.51 Allen Satisfaction = 6.34 National Satisfaction = NA</p>	<p>Action: Continue sending links to the calendar and schedule book during registration. In addition to</p>

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Admin - Enrollment Management

AU Outcome: EM 5.0

Measures	Results	Actions
<p>Opinion Survey spring 2021)—Satisfaction with academic Target: Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied with the academic calendar) Timeframe: Annually Responsible Parties: Registrar</p>	<p>The satisfaction score went down by .02 from last year, but remained above the target of 6. (09/15/2022) Action Plan Impact: Last year’s action plan kept the students informed of where they could access the information needed each semester and hopefully allowed them to plan better for future semesters. The satisfaction score did not seem to be either positively or negatively impacted by the action plan. Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>updating the academic calendar each semester and providing nine future semesters for the purposes of student planning, I will compare the academic calendar with the building calendar to ensure building closures and campus closures match and that there are no discrepancies between the two. (09/15/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “19. Registration processes and procedures are convenient.” Target: Gap between importance and satisfaction <.50 Timeframe: Annually Responsible Parties: Registrar</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Students rate the registration processes and procedures are convenient as a 6.24. The importance is 6.5, which is a GAP of .26. Compared to last year, the results are very similar. The gap this year is .06 larger than last, but still below the target of .5. (09/15/2022) Action Plan Impact: We kept the action plan the same as in years past and that continues to work well. Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: During the 22-23 academic year, we will monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. (09/15/2022)</p>

AU Outcome: EM 6.0

Allen College students are treated with respect

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Ruffalo Noel Levitz Student Satisfaction Inventory</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p>	<p>Action: Make sure that all student concerns or suggestions are</p>

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Admin - Enrollment Management

AU Outcome: EM 6.0

Measures	Results	Actions
<p>(replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with policies related to student conduct</p> <p>Target: Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied)</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>	<p>Students scored 6.19 on a 7.0 scale when asked if they satisfied with policies related to student conduct.</p> <p>The score increased from 5.96 from last year. (08/26/2022)</p> <p>Action Plan Impact: It is not clear whether the action plan contributed the decrease from last year to this year. When there are themes in comments by the students, they are evaluated by the executive leadership team.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>reviewed at Leadership Council meetings. (08/26/2022)</p>
<p>AD: Report - Internal - Allen College Student Opinion Survey--Staff attitude towards students</p> <p>Target: 80% of students report satisfied or very satisfied</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>The student's importance is 6.78, but the satisfaction was 6.19</p> <p>Last year, the students rated the importance as 6.7 and the satisfaction was at 6.01. Although we did not meet the target that the satisfaction is equal to or greater than the performance, the satisfaction score went from 6.1 to 6.19. (08/26/2022)</p> <p>Action Plan Impact: Last year's action plan had no impact on this year's results.</p> <p>Related Documents: Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: In the Enrollment Management department, we plan to share FOCUS stories at weekly huddles. (11/10/2022)</p>
<p>AD: Report - Internal - Allen College Student Opinion Survey item-- Inclusiveness and acceptance of diversity</p> <p>Target: 80% of students report</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: NA</p> <p>Need to complete (11/15/2022)</p> <p>Action Plan Impact: working on this</p>	

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Admin - Enrollment Management

AU Outcome: EM 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>satisfied or very satisfied</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management</p>		
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “1. The school staff are caring and helpful.”</p> <p>Target: Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied)</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Leadership (President, Provost, Deans, CFO)</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>The student’s importance is 6.78, but the satisfaction was 6.19</p> <p>Last year, the students rated the importance as 6.7 and the satisfaction was at 6.01. Although we did not meet the target that the satisfaction is equal to or greater than the performance, the satisfaction score went from 6.1 to 6.19. (08/26/2022)</p> <p>Action Plan Impact: Last year’s action plan had no impact on this year’s results.</p> <p>Related Documents:</p> <p>Copy of RNLSSI Tables 2021 vs 2022.pdf</p>	<p>Action: In the Enrollment Management department, we plan to share FOCUS stories at weekly huddles. (11/10/2022)</p>

AU Outcome: EM 7.0

Qualified students are admitted to college programs

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Program Enrollment (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics)</p> <p>Target: Allen College programs are</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>This year's results:</p> <p>Programs Capacities:</p> <p>School of Health Sciences:</p> <p>ASR – 64%</p>	<p>Action: During the 22-23 academic year, key efforts include:</p> <ul style="list-style-type: none"> Increased student engagement opportunities (at least one small event (e.g. Craft & Chat) and one large engagement

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Admin - Enrollment Management

AU Outcome: EM 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>100% enrolled (Formerly "Fill programs with qualified students as follows: School of Health Sciences—100%, Accelerated BSN—100% Upper Division BSN—100%) Timeframe: Annually Responsible Parties: Dean of Enrollment Management</p>	<p>DMS – 87% MLS – 100% PH – 50% MI – 25% MS in OT – 82% DPT – 31% EdD – 31%</p> <p>School of Nursing: TBSN – 84% ABSN-SU – 78% ABSN-FA – 86% RN-BSN – 15% ACPNP – 3% AGACNP – 63% CPH – 3% EDU – 37% FNP – 58% PMHNP – 45% Lead – 17% DNP – 37%</p> <p>Last year's results: Health Sciences = 64% Accelerated BSN – on-ground summer start = 88% Accelerated BSN – hybrid summer start = 31% Accelerated BSN – on-ground fall start = 97% Traditional BSN – fall start = 78% Traditional BSN – spring start = 65%</p> <p>Almost all programs have decreased enrollment since last year. In addition, the 21-22 academic year data is more specific based on programs. (09/21/2022)</p>	<p>opportunity per semester. These efforts focus on retention.</p> <ul style="list-style-type: none"> Admissions Counselors will have a better opportunity to focus completely on engaging with prospects, applicants, and newly admitted students. Tasks that do not fulfill this will be removed from their jobs and placed elsewhere in admissions. (Examples, marketing efforts – Social Media). These efforts focus on admissions and pre-admission retention. (09/21/2022)

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AU Outcome: EM 7.0

Measures	Results	Actions
	<p>Action Plan Impact: Last year's action plan to work with faculty in the recruitment process had very little impact on this year's program capacities.</p>	
<p>AD: Report - Internal - Increase in enrollment per Dashboard statistics [prior to 2022-2023: Enrollment increases in under enrolled programs (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics)Enrollment increases in under enrolled programs)]</p> <p>Target: 10% enrollment increase in graduate programs 5% enrollment increase in undergraduate nursing programs 5% enrollment increase in Radiography program 5% enrollment increase in MLS program</p> <p>[Prior to 2022-2023, target was "increase enrollment;" Prior to 2021-2022 target was "Admit students to underenrolled programs at the graduate level. Increase enrollment by 25% in the following programs: NMT, RN-BSN/MSN, MSN-Edu, MSN-CPH, MSN-Lead and DNP.]</p> <p>Timeframe: Annually Responsible Parties: Reporting:</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Fall 2020 enrollment was 634 and 552 during the fall 2021. That is approximately a 13% decrease from 2020-21.</p> <p>Undergraduate enrollment went from 330 in fall 2020 to 313 in fall 2021, an approximate 5% decrease.</p> <p>Graduate enrollment went from 304 in the fall 2020 to 239 in fall 2021, a 21% decrease.</p> <p>There are no comparable results to review since the target changed. (09/21/2022) Action Plan Impact: There was not an action plan to evaluate.</p>	<p>Action: During the 22-23 academic year, Enrollment Management purchased a software called Niche that will assist with finding students who are interested in colleges like Allen College or where there are majors that align with our majors. This system can link to our current CRM and we will be able to reach out to prospective students quicker and personalize the communication. The system software was purchased in early August and our first cycles for spring, summer, and fall 23 admissions are in progress. (09/21/2022)</p>

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Admin - Enrollment Management

AU Outcome: EM 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Dean of Enrollment Management Action plan and tracking: Enrollment Management		
AD: Report - Internal - Google Website Analytics Report Target: An average of 9000 unique hits per month between January 1 - December 31. Timeframe: Annually Responsible Parties: Dean of Enrollment Management	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Unable to evaluate due to change from using Google analytics to Hubspot. (09/21/2022) Action Plan Impact: There is no action plan from last year.	Action: Change the measurement to a tool in Hubspot. (09/21/2022)
AD: Report - Internal - Google Website Analytics Report Target: An average of 8500 unique hits per month between January 1 - December 31. Timeframe: Annually Responsible Parties: Dean of Enrollment Management	Reporting Year: 2021 - 2022 (Year 4) Target Met: NA There is no data to evaluate (09/21/2022) Action Plan Impact: None.	Action: Remove for the 2022-23 academic year and replace with information from HubSpot. (09/21/2022)

AU Outcome: EM 8.0

Increase the number of underrepresented students enrolled at Allen College.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Report - Internal - Retention of ethnic minority and male students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics)	Reporting Year: 2021 - 2022 (Year 4) Target Met: No The fall 2021 census headcount was 553. Of the 553, 517 were retained (93%) There were 38 ethnic minority students, 32/38 were retained (84%).	

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Admin - Enrollment Management

AU Outcome: EM 8.0

Measures	Results	Actions
<p>Target: Retention rates of ethnic minority and male students are equal to or greater than the entire Allen College population.</p> <p>Timeframe: Annually Responsible Parties: Dean of Enrollment Management Action plan and tracking: Diversity & Inclusion</p>	<p>Of the 49 male students, 45/49 were retained (92%).</p> <p>Last year's action plan included moving this item to the Diversity and Inclusion Committee in order to get feedback from those individuals. This item was moved.</p> <p>There was no impact of last year's action plan on this year's results. (11/14/2022) Action Plan Impact: Defer to the Diversity and Inclusion Committee for future action plans.</p>	
<p>AD: Report - Internal - Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html</p> <p>Target: Diverse population at Allen College is equal to the diverse population of Black Hawk County.</p> <p>Timeframe: Annually Responsible Parties: Dean of Enrollment Management</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No September 15, 2021 – 6.9% (Allen College) July 1, 2021 – 16.3% (Black Hawk County)</p> <p>Although Allen College had a higher percentage of ethnically diverse students, they were not equal to or greater than Black Hawk County. [less]</p> <p>Action Plan Impact: Last year's action plan involved requesting the Diversity & Inclusion committee to be involved in this process. Although specific committees were formed in Diversity & Inclusion, the new ad hoc committees did not have an impact. (11/15/2022) Action Plan Impact: Involve the Diversity & Inclusion committee to assist with the recruitment of ethnically diverse students by including the topic to be a standing item on the agenda.</p>	<p>Action: The Diversity & Inclusion committee needs to have a larger stake in action plans surrounding diversity and inclusion. (11/15/2022)</p>
<p>AD: Report - Internal - Use of services provided by the retention office (Retention Plan)</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes During the 2021-22 academic year - 54 students who identified as ethnic minority were referred to meet with the Student Success and Engagement Coordinator. Twenty-two</p>	

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AU Outcome: EM 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 25% of students identified as ethnic minority or male attend services provided from retention services.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Student Success Coordinator</p>	<p>students who identified as ethnic minority met with the Student Success and Engagement Coordinator.</p> <p>Thirty-eight students who identified as ethnic minority enrolled as of the 2021-22 census day. Fifty-seven percent of ethnic minority students used the services provided by the retention office.</p> <p>Thirty-one male students were referred to meet with the Student Success and Engagement Coordinator. Eleven male students met with the Student Success and Engagement Coordinator.</p> <p>Forty-nine male students enrolled as of the 2021-22 census day. Twenty-two percent of males used the services provided by the retention office.</p> <p>In total, 78 ethnically diverse and/or male students were referred to the Student Success and Engagement Coordinator, and 30 met with the Student Success and Engagement Coordinator. Eighty-two total students identified as ethnically diverse or male. Five students identify as both ethnically diverse and male. Forty-nine of 82 students used the services provided by the retention office, or 60%.</p> <p>Last year, there was contact by referral with 44 [44%] of these students (16 of the females [42.1%] and 28 of the males [45.2%]); six of the contacted males identified as belonging to an ethnic minority. I had meetings with nine of the females and nine of the males whom I contacted, 56% and 32% respectively.</p> <p>Last year's action plan was: "The Student Success Office will continue to reach out to ethnic minority and male students and encourage their participation in the services offered. To increase awareness of the services provided by the Student Success Office and increase their use, the Student Success Office will present to all incoming students at orientation and make multiple efforts to contact students if they do not respond to the initial emails following referral."</p>	

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AU Outcome: EM 8.0

Measures	Results	Actions
	<p>This likely played a role in the success this year in students using the tools offered by the Student Success Office. Getting the Student Success and Engagement Coordinator in front of incoming students at orientation had a positive impact. (11/15/2022)</p> <p>Action Plan Impact: Continue engagement with ethnic minority students through involvement with students who are enrolled at the Waterloo Career Center or in CAPS.</p>	
<p>AD: Report - Internal - Retention of economically or educationally disadvantaged students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics)</p> <p>Target: Retention rates of economically or educationally disadvantaged students are equal to or greater than the entire Allen College population.</p> <p>Timeframe: Annually Responsible Parties: Dean of Student Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA This is a duplicate. (11/15/2022) Action Plan Impact: Duplicate.</p>	
<p>AD: Report - Internal - Student awareness of services provided by retention services (Retention Plan)</p> <p>Target: 90% of students identified as economically or educationally disadvantaged are aware of services provided from retention services.</p> <p>Timeframe: Bi-Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Duplicate (11/15/2022) Action Plan Impact: Duplicate</p>	

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Admin - Enrollment Management

AU Outcome: EM 8.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Retention Coordinator Director of Student Services</p>		
<p>AD: Report - Internal - Use of services provided by the retention office (Retention Plan)</p> <p>Target: 25% of students identified as economically or educationally disadvantaged attend services provided from retention services.</p> <p>Timeframe: Annually Responsible Parties: Retention Coordinator Director of Student Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Duplicate (11/15/2022) Action Plan Impact: Duplicate</p>	

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.27. This year's average score of 3.52 is an increase</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>when compared to 2020 and 2019. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2021: 3.52 (n=13) Previous data: 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care.</p>	<p>care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II -Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.66. This year's average score demonstrated an increase with a score of 3.92. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2022 = 3.92 (n=17) Previous data: 2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) 2016-2017 = 3.95 (n=15) 2015-2016 = 3.97 (n=17) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical</p>	<p>Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
	<p>instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting.</p>	
<p>SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I-Fall Semester</p> <p>Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.94. This score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2017. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting.</p> <p>2021 = 3.94 (n=13)</p> <p>Previous data:</p> <p>2020 = 3.96 (n=23)</p> <p>2019 = 3.94 (n=19)</p> <p>2018 = 3.95 (n=13)</p> <p>2017=3.98 (n=14) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting.</p>	<p>Action: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4,</p>	<p>Action: Students will continue be instructed and guided in effective</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee	Part III Numbers 1,3,6-8, was 4 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2015. Students consistently demonstrate effective communication skills in the clinical setting. 2022 = 4 (n=17) Previous data: 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year’s final CCEs were performed on patients that required multiple exams and extensive patient communication.	clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. (08/31/2022)

AU Outcome: ASR 2.2

Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

Outcome Status: Active

Start Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85%	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA115 Patient Care Presentation was 96%. This year's	Action: The course instructor will continue to discuss the paper requirements with the students.

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>average score of 97.7% is slightly higher, yet remains consistent. Students continue to earn an average score of 96% or higher since 2017. This data shows that students consistently continue to practice effective written communication skills. 2021= 97.7% (n=12) Previous data: 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research papers. The action plan was effective. In text citation seems to be the biggest issue when it comes to the students' papers. Overall, students continue to demonstrate effective written communication skills.</p>	<p>The course instructor will continue to remind students of the resources available on the Allen College website. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA258 Pathology Systems Presentation was 98%. This year's average score of 94.8% is slightly lower. Students continue to exceed benchmark with continually receiving a score of 94.8% or higher since 2017. The students demonstrate the ability to practice effective written communication skills. 2021=94.8% (n=17) Previous data: 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan is effective. Even with a lower score this year when compared to prior years, the student's continue to exceed benchmark. Each student completes two papers during the course. The majority of students</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	struggled and had points deducted in the format section of the paper, this was due to spelling errors and APA formatting errors. Allen College website has multiple resources available to the students for writing help. Overall, the students continue to practice effective written communication skills.	

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)

Outcome Status: Inactive

Inactive Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA115 Patient Care Presentation was 92.6%. This is slightly lower than last year's average score of 99%. While the current data is slightly lower, benchmark continues to be exceeded. All students continue to demonstrate effective oral communication skills. 2021=92.6% (n=12) Previous data: 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss paper requirements with the students. All papers in the RA115 course were presented in person. Ten of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. This can be reduced by having the students practice their presentations before presenting them. Overall, the action plan was effective and all students continue to demonstrate effective oral communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to assist them when writing their papers. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: The course instructor will</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Target Met: Yes This year's average score of the RA258 Pathology Systems Presentation was 94.8%. This is consistent with last year's average score of 95%. When looking data from 2017-2021, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills. 2021=94.8% (n=17) Previous data: 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) (08/31/2022) Action Plan Impact: As proposed in the 2021-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor continues to remind the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research paper. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear. One paper did not discuss the reason for the selection of the pathology topic, and 3 student paper presentations did not meet the requirements of the 8 minutes in length. Overall, the action plan was effective as all students demonstrated effective oral communication skills.</p>	<p>continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to them to assist with writing their research papers. (08/31/2022)</p>

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Spring 2022, only 71% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. With a benchmark of 80%, this is the second year in a row where benchmark was not met demonstrating that not all students could effectively</p>	<p>Action: To meet or exceed benchmark for the 2022-2023 year, the instructor will review the guided review assignments and consider revisions that may better</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee</p>	<p>practice critical thinking. Prior to 2021, all cohorts consistently exceeded benchmark. 2022 = 71% (n = 17) achieved a 70 or greater on one of the four exams. Previous data: 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor restructured the scheduling of the first exam based off of student feedback. The instructor continues to encourage time management skills for comprehensive review and continues to encourage the use of all learning resources throughout the course. Based on student feedback from the Sp21 course offering, the first exam was scheduled 9 days after the end of spring break compared to only 4 days after spring break in Sp21. The change in exam date scheduling had no impact on the first attempt exam scores. This action plan was not effective. Not all students were able to demonstrate the ability to practice critical thinking.</p>	<p>assist the students in achieving at least a 70 score on one of the 4 Corectec exams. The instructor will also share the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, in Sp23 the RA275 Professional Development Practicum course instructors will consider requiring attendance for both days of the student seminar and applying the mock board score the students earn at the seminar towards the RA275 course grade. (09/01/2022)</p>
<p>SL: Didactic - RA:154 CT Topic Presentation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA154 CT Topic Presentation was 96.24%. This year's average score of 96.75% is consistent with prior data and benchmark continues to be exceeded. This is only the second year that this measurement tool has been used so no additional data is available. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2022 = 96.75% (n=8) Previous data: Spring 2021 = 96.24% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor</p>	<p>Action: To continue to exceed benchmark for the 2022-2023 year, the instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment.	they complete a final grade for each presentation. (09/01/2022)

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: RA: 145 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.65. This year's average score is almost exact at 3.66. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 3 years. Students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>Spring 2022 = 3.66 (N =10)</p> <p>Previous data:</p> <p>2020-2021 3.65 (N=18)</p> <p>2019-2020 3.6 (N=16)</p>	<p>Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
	<p>2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is a slight increase compared to the previous year. The student scores were higher than the previous year in the Application on Knowledge, Self-Image for Level in the ASR Program, and Composure and Adaptability. In the area of ability to follow directions there was no change over the prior year. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting.</p>	
<p>SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.75. This year's score was slightly lower at 3.57. This is the lowest score when looking at data from 2017 to the present, but the decrease would not be considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2021: 3.57 (n=17) Previous Data: 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12) 2017: 3.79 (n=12) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark; however, the students' scores decreased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to demonstrate their ability to critically think in</p>	<p>Action: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	the clinical setting.	

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Service - RA:135 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level I-Fall Semester Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA135 Community Service/Service Learning Evaluation was 88.80%. This year's score was significantly lower at 77.46%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2017 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2021 = 77.46% (n=13) Previous data: 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) 2016 = 72% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. One student stopped participating in the course and did not submit a paper resulting in a zero. Many of the deductions were in the research and writing portion of the grade rubric. Many had APA errors and did not follow assignment instructions. Some students offered minimal reflection of the activity and minimal research of the organization and the overall cause. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. (09/01/2022)</p>
<p>SL: Service - RA: 265 Community</p>		

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA265 Community Service/Service Learning Evaluation was 84.56%. This year's score was significantly lower at 71.41%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2018 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. The assignment instructions and grade rubric were discussed face to face with all students the first day of the semester. Students were provided with links to writing resources within the assignment description in Blackboard. One student was advised for an Academic Integrity violation for plagiarism which resulted in a reduced score. One student only completed 2.5 hours of the required 9 hours which resulted in a low score. One student submitted the assignment late resulting in a 10% grade reduction on the total grade. One student received a 32% total score due to a poor-quality unprofessional paper; this student was advised. A few papers were submitted that did not respond to all assignment questions and/or provided limited research and reflection. Most deductions were in the writing and research portions of the grade rubric. Overall, all students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The instructors will place the paper assignment instructions within the assignment drop box in Blackboard instead of in the syllabus. The 9-hour requirement will be stated/bolded within the grade distribution section of the syllabus. Students will be provided with additional APA resources. (09/01/2022)</p>

AU Outcome: ASR 4.2

Students will practice professionalism

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt.</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.34. This year's average score of 3.47 was slightly higher, yet consistent with prior data. The benchmark continues to be exceeded and all students</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments,</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>continue to demonstrate their ability to practice professionalism. 2021: 3.47 (n=13) Previous data: 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in the areas of the performance criteria, organization of assignments, initiative, policies and procedures, and ethical and professional behaviors. There was a decrease in the area of student appearance from last year. Overall, the students to continually demonstrate their ability to practice professionalism.</p>	<p>initiative, appearance, policies and procedures, and ethical and professional behavior. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.65. This year's average score was higher at 3.86. Looking at data from 2016 to the present, this year's average score was the highest out of all cohorts. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2022 = 3.86 (n =17) Previous data: 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.6 (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical</p>	<p>Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. (09/01/2022)</p>

College Goal 3 - Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased over prior years; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. Some of the comments on the evaluations were: Student are taking initiative to be involved in the exams and keep busy. The students continue to demonstrate their ability to practice professionalism.	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.2

Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process Assignment</p> <p>Target: Students will receive an average score at least 80%</p> <p>Timeframe: When course is taught (e.g., 2016, 2019, etc.)</p> <p>Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Spring 2022 – 1 student</p> <p>100% of students received a score of >85%</p> <p>Overall average score = 85% (102/120)</p> <p>2016 – 98.7%</p> <p>2019 – Met; 100% average; n=2</p> <p>These results demonstrate the target (Students will receive an average score of >80%) has been consistently met (3/3times) since the 2015-2016 academic year. (08/17/2022)</p>	<p>Action: This assignment will be included the next time this course is taught with no revisions. We will continue to use ungraded feedback assignments aligned with the final project rubric to guide development of the final project. (08/17/2022)</p>

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: The 2018-2019 action plan for the 2021-2022 academic year indicated no changes would be made to this assignment. This course was taught using an 8-week structure for the first time. Students were provided with an overview of the final project at the beginning of the course and had the opportunity to receive ungraded feedback on assignments within each module that were aligned with the final project. Discussion boards were also used with the course that allowed students to ask questions that pertained to each section of the paper.</p>	

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.1

Students will demonstrate critical thinking skills in the clinical environment.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>MI: 480 Clinical Instructor Evaluations Numbers 2, 4, 7, 8</p> <p>Target: Average score ≥ 3 (0-4 pt. scale)</p> <p>Timeframe: Summer Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Summer 2021, the average score of the MI480 Clinical Instructor Evaluations Numbers 2,4,7,8 is 3.46. This year's average score is higher at 4.0. It's difficult to determine the significance since there was only one student evaluated this cohort. Students continue to demonstrate critical thinking skills in the clinical environment.</p> <p>2022 = 4.0 (n=1)</p> <p>Previous data:</p> <p>2021 = 3.46 (n=3)</p> <p>2020 = 3.63 (n=3)</p> <p>2019 (n=0) (09/08/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to work with each individual student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas</p>	<p>Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. (09/08/2022)</p>

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.1

Measures	Results	Actions
	on the evaluation form: application of knowledge, ability to follow directions, self-image, and composure and adaptability. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students continue to demonstrate critical thinking skills in the clinical environment.	
MI: 465 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 Target: Average score ≥ 3 (0-4 pt. scale) Timeframe: Summer Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 2,4,7,8 is 3.13. There is no prior data for the last two years due to students obtaining employment in CT and opting out of the summer externship course. The students continue to demonstrate critical thinking skills in the clinical environment. 2022 = 3.13 (n=1) Previous data: 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to work with each individual student in the clinical environment to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care. The action plan was effective. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The clinical instructor did provide feedback on her final graded evaluation, stating that the student showed great improvement during her time in CT. It was also mentioned that she got along well with all staff and was open to instruction from everyone. The students were able to demonstrate their ability to use and practice critical thinking skills in the clinical environment.	Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. (09/08/2022)

AU Outcome: MI 3.2

Students will demonstrate the ability to practice critical thinking skills.

Outcome Status: Active

Measures	Results	Actions
MI: 480 Board Review Exam (MRI)		

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.2

Measures	Results	Actions
<p>Target: >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. Timeframe: Summer Semester Responsible Parties: MI: 480 Course Instructor/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No current data available. The student opted out of taking the mock board exams and took the 10% overall grade reduction instead. 2022 (n=0) no current data available Previous data: 2021 (n=2) 100% 2020 (n=3) 100% 2019 (n=0) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor did begin the registry review assignments in the spring semester. The student opted out of completing those assignments as well and took the overall grade reduction. Assignments, quizzes, and exams were made available to the student in each of the four key categories. Unable to determine the student's ability to practice critical thinking skills using this measurement tool. Unable to determine the effectiveness of the 2020-2021 action plan. This measurement tool will be evaluated with the next cohort.</p>	<p>Action: The instructor will continue to begin the registry review assignments in the spring semester. The instructor will continue to provide structured quizzes and exams in each of the four key categories to help students prepare for the mock board exams. The instructor will discuss with the students the importance of completing all registry review assignments and mock board exams. (09/08/2022)</p>
<p>MI: 465 Board Review Exam (CT) Target: >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. Timeframe: Summer Semester Responsible Parties: MI: 465 Course Instructor/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2022, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. There is no prior data for the last two years due to students obtaining employment in CT and opting out of the summer externship course. The students continue to demonstrate the ability to practice critical thinking skills. 2022 (n=1) 100% of the students achieved a passing score of 75 or greater. Previous data: 2021 (n=0) 2020 (n=0) 2019 (n=1) 100% (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories</p>	<p>Action: The instructor will continue to begin the registry review assignments in the spring semester. Structured quizzes that include questions from each of the four categories will be assigned to help each student prepare for the mock board exams. (09/08/2022)</p>

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 99%, 91%, and 99%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated.	

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2

Students will integrate team-building skills into professional practice

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Service - Service Learning Project Target: 75% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (16/16) of students earned an average score of >80%.</p> <p>Overall average score 34.4/35 = 98.3%</p> <p>Overall Averages 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3%</p> <p>These results demonstrate the target (75% of students will receive an average score of >=</p>	<p>Action: This project will move into a new course for the 2022-2023. Service learning will be incorporated into that course, but the description of the project may change as the new course is developed. (08/17/2022)</p>

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Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2

Measures	Results	Actions
	<p>80%) has been consistently met (8/9 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this assignment improved for the current assessment year. (08/17/2022)</p> <p>Action Plan Impact: Our 2020-2021 action plan for the 2021-2022 academic year indicated a verbal overview of the final project and required elements would be recorded and made available to students. This was provided during Week 10 of the course, giving students two weeks to work on this project. Additionally, the project description and project rubric were updated to clarify the requirements for the project and how it would be evaluated</p>	

Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

Student will be able to recognizes the role of cultural factors in the delivery of public health services

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - PH: 420 Final report Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3% (05/17/2022) Action Plan Impact: Despite simplifying the assignment to remove a recorded voice narration over slides, scores dropped. This is largely attributable to one student who did not complete parts of the project and received a low grade. The median score was 88.3%.</p>	<p>Action: The project has multiple parts which can be confusing for students. A checklist will be included so students do not accidentally leave out sections. (05/17/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

College Goal 3 - Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Use patient-centered strategies when delivering care to diverse individuals and populations.

Outcome Status: Active

Start Date: 08/01/2014

Measures	Results	Actions
<p>SL: Exam/Quiz - Standardized - Proctored ATI Fundamentals exam Target: Group score of at least 75% in the QSEN Category of Patient-Centered Care on proctored ATI Fundamentals exam Timeframe: Annually (starting 2019-2020; assessed Year 2 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Fall 2021 semester for the Accelerated Hybrid (AH) students (4/4), a group score was 74.6.2%, Fall 2021 for Traditional - group score was 72.5%, Fall 2021 for Accelerated - group score was 74.6%, Spring 2021 for Traditional - group score was 70.9%, Spring 2021 for Accelerated - group score was 71.9%. (10/17/2022) Action Plan Impact: The target of 75% was not achieved by any of the cohorts. This is a decline from last academic year when all but one of the cohorts was above 75%. Application/analysis type learning activities, i.e. case studies, application/analysis practice questions, use of ATI practice exams over each body system were implemented. A new focus on NextGen learning activities, such as use of EHR Tutor, unfolding case studies, were used to promote clinical judgment.</p>	<p>Action: In order to meet this target in the future, faculty will continue to promote active learning in the classroom through the use of CJSim, case studies, and application/analysis questions. (10/17/2022)</p>
<p>SL: Didactic - RN-NU 421 Ethical and Legal Case Study Target: 100 % of the students will achieve at least 73% on the Ethical and Legal Case Study. Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, 100% (7/7) of the students achieved at least 73% on the Legal and Ethical Case Study. (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. Reviewed the assignment details and questions related to the paper. Continued to evaluate the ethics videos. Continued to evaluate the journal articles regarding ethics, genetics, and legal issues. Evaluated the current Power Point about documentation and legal issues surrounding documentation. Evaluated new Panopto about legal issues that nurses may encounter in practice. Continued to give detailed instructions about the assignment and the due dates. Related Documents: Outcome 6 NU421 Ethical and Legal Case Study.pdf</p>	<p>Action: Continue to give detailed instructions about the assignment and the due dates. Encourage students to email instructor with questions about details of assignment and due dates. Review and evaluate the current educational strategies and methods that were provided in the modules to see if they were effective. (10/11/2022)</p>
<p>SL: Didactic - NU450 Community Assessment paper Target: 100% of students will</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2020, 100% (32/32) of students achieved at least 75% on the Community</p>	<p>Action: In order to continue to meet this target, faculty will continue to schedule work sessions</p>

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Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
<p>achieve at least 75% on community assessment paper. Timeframe: Year 3 Responsible Parties: BSN Curriculum Committee</p>	<p>Assessment paper. In Fall 2021, 100% (50/50) achieved at least 75% on the Community Assessment paper. In Spring 2022, 100% (30/30) achieved at least 75% on the Community Assessment paper. (10/11/2022) Action Plan Impact: The target of 75% was met consistently this academic year which is an improvement from last year. Work sessions for completion of the paper and initial creation of the subsequent project were scheduled on the students' calendars. This allowed students planned time to work as a group to complete the assignment and faculty were present and/or available during this work session to assist students in understanding the expectations for the assignment. Related Documents: Outcome 6 NU 450 Community Assessment Paper.doc</p>	<p>with the clinical groups so that they can actively work on analyzing the data from the community assessment and engage with faculty during this process. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to use patient-centered strategies when delivering care to diverse individuals and populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well).. Target: 75% of respondents will report that their BSN education prepared them well or very well to use patient-centered strategies when delivering care to diverse individuals and populations. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>
<p>AD: Survey - Employer Survey Item: How well BSN graduate uses patient-centered strategies when delivering care to diverse individuals and</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program</p>

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Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Admin - Administration

AU Outcome: Admin 2.0

Environment encourages Allen College employees to maximize their performance

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - External - Salary comparison tools (e.g., IAICU, etc.) Target: Faculty salaries will be at the average comparable salary for rank at peer institutions. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Allen College is at or above 2020-21 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Staff salary comparisons were completed in 2022 for all positions using CUPA-HR reports. Salary market adjustments were made based on our data. (09/14/2022) Action Plan Impact: Allen College compared all data as indicated in our action plan for comparison data which resulted in no market adjustments being needed for faculty and some market adjustments being made for staff. The 2022-2023 results were influenced by the 2020-2021 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Related Documents: VI.A. UPH Allen College 2022-23 Faculty Salary Review BOT.pptx</p>	<p>Action: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends. (09/14/2022)</p>
<p>AD: Report - Internal - Annual report of Faculty Goal Achievement-short term teaching goals Target: 85% of faculty completely meet short-term teaching goals Timeframe: Annually Responsible Parties: Provost</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 91.8% (45/49) met the short-term teaching goals. These results are comparable to 2020-2021 where 98.0% (50/51) faculty met the short-term teaching goals. As described in the 2019-2020 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester. (12/02/2022) Action Plan Impact: Even though the academic deans discussed the importance of achieving short-term goals during the evaluation period, the results did decrease from 2020-2021; however, the results still exceeded the target goal.</p>	<p>Action: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. Providing examples will also be implemented for newer faculty members. The results will be analyzed during the next reporting cycle. (12/05/2022)</p>
<p>AD: Report - Internal - Annual report of Faculty Goal Achievement-progress on scholarly enrichment</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 91.8% (45/49) of faculty demonstrated progress on scholarly enrichment plans. Four faculty</p>	<p>Action: For the 2022-2023 academic year, the academic deans will continue to discuss the</p>

Admin - Administration

AU Outcome: Admin 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: 85% of faculty demonstrate progress on scholarly enrichment plans. Timeframe: Annually Responsible Parties: Provost</p>	<p>did not demonstrate progress. These results compare favorably to 2019-2020 where 82.4% (42/51) faculty made progress on plans. (12/02/2022) Action Plan Impact: Discussions took place during annual evaluations regarding progress toward scholarly enrichment plans. Suggestions were made for potential plans and goals.</p>	<p>individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. (12/05/2022)</p>
<p>AD: Report - Internal - Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. Target: College provided financial support to college faculty and staff to attend educational and/or professional development activities Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In 2021 we budgeted for our education and travel expenses and were successful as \$17,002 was spent on tuition assistance for faculty and staff and \$42,208 was spent on conference and meeting travel totaling \$59,210 for faculty and staff. For 2022 there is \$114,466 budgeted for education and travel. These results met target but have decreased when compared with prior year due to less educational assistance requested and mitigation efforts reduced travel compared to prior year. Also, travel continued to be halted due to the COVID-19 pandemic and most conferences were virtual in 2021 which resulted in significant savings. (09/14/2022) Action Plan Impact: As mentioned in the 2020 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets</p>	<p>Action: Continue to budget education and travel expenses annually for faculty and staff professional development. (09/14/2022)</p>
<p>AD: Report - Internal - Professional Development and Welfare (PDW) committee annual scholarly recognition report. Target: 55% of faculty and staff are recognized for their service and scholarly accomplishments Timeframe: Annually Responsible Parties: PDW Committee Chair</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 27/77 (35%) of faculty and staff were recognized for scholarly achievements (same as previous year) during 2021 (January 2021-December 2021). 12/77 (16%) of faculty and staff were recognized for a service award (down 4 percentage points from the previous year) during 2021 (January 2021-December 2021). Previous results for comparison: 2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly award and 22.8% were</p>	<p>Action: During the 2022-2023 academic year, to collect 2022 scholarship activities, faculty and staff will be sent a Google poll link every 3 months (4x/year), with the final poll being sent in January of 2023. A Google poll link will be sent monthly to collect service activities. During the 2022-2023 academic year, the PDW committee will review this measure of the</p>

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Admin - Administration

AU Outcome: Admin 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>recognized for a service award during 2019. 2018-2019: 47% of faculty and staff were recognized for a scholarly award during 2018. (09/30/2022) Action Plan Impact: Per the action plan that was proposed for 2021-2022, faculty and staff were asked to submit scholarly achievements on a bi-monthly basis (a google doc link was sent every two months from the PDW chair with a final document sent in January of 2022, instead of at the end of the calendar year, to encourage faculty and staff to submit scholarly achievements. This action plan was not accompanied by an increase in the percentage of faculty and staff who were recognized for scholarly achievements and service.</p> <p>It is important to consider that some faculty may do scholarly activities and service, but never report them, no matter how easy it is to report using the Google poll links that are sent out periodically.</p>	<p>administrative outcome, "Environment encourages Allen College employees to maximize their performance" and the target that "55% of faculty and staff are recognized for their service and scholarly accomplishments" to determine if the measure and target are appropriate measures of the outcome. Technically, 100% of faculty and staff are recognized (i.e., whomever submits a qualifying activity is recognized). The question is, are we trying to promote scholarship and service by a specified percentage of faculty and staff or we just trying to ensure that we recognize the service and scholarship that is reported? In any case, there should be separate measures for service and scholarly accomplishments.</p> <p>(09/30/2022)</p>

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

Allen College culture supports and sustains community service and service-learning

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
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Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Service-Learning Faculty Scholars Survey [email survey of Allen College programs to ascertain incorporation of service and/or service learning into curricula] Target: 100% of Allen College programs incorporate service and/or service learning activities into their curricula. Timeframe: Years 2 and 4 Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No From the 2021-2022 Report: The Faculty Scholars program was not used during the 2021-2022 or 2020-2021 academic years. No new programs incorporated service or service-learning activities into their curricula.</p> <p>Programs that have formalized the use of service-learning teaching strategies through the completion of the Faculty Scholars Program are: BSN (Upper Division and Accelerated) MSN (NP tracks) MLS EdD</p> <p>Additionally, ASR and OT had service components in their curriculum as of 2021-2022. Both programs submitted service hours to the college for 2021-2022 through college-sponsored organizations.</p> <p>The last time that the Faculty Scholars program was available was in 2019-2020. The proposed action plan from 2020-2021 to educate the faculty on the benefits of service-learning as well as the Faculty Scholar program available was partially executed. The CELL Chair communicated the target to both undergraduate and graduate committees on Feb. 11, 2022, and a representative from Iowa Campus Compact provided an overview of what they offer at the May 9, 2022 CFO meeting. However, Faculty Scholars was not introduced as an option to faculty in 2021-2022. (08/23/2022)</p> <p>Action Plan Impact: The CELL committee experienced a change in leadership at the end of the 2021-2022 academic year. The action plan of educating faculty on the benefits of service-learning as well as the Faculty Scholars program was incomplete. No new programs implemented service learning in 2021-2022, but all college programs are now aware of the target.</p>	<p>Action: For 2022-2023: The CELL Committee plans to reintroduce the Faculty Scholars program in 2022-2023, with a focus on programs that currently do not have a service-learning teaching strategy. (08/23/2022)</p>
<p>AD: Survey - Exit survey question "Do you intend to volunteer in your community in the future?" (yes, no) Target: 90% of exiting students report that they intend to volunteer</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Aggregate exit survey results for this question indicate 89.31% of exiting students plan to volunteer in their communities in the future. This result is slightly lower than results for previous reporting years. Except for 2019-2020 (pandemic onset), the target has consistently</p>	<p>Action: For 2022-2023: The CELL committee will continue to promote service and offer a variety of opportunities for volunteering.</p>

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>in their communities in the future. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>been met for several years.</p> <p>2020-2021: 92% 2019-2020: 84.6% 2018-2019: 97% 2017-2018: 91%</p> <p>(09/30/2022) Action Plan Impact: The proposed action plan for 2021-2022 was to seek to co-sponsor larger activities as the pandemic allowed to engage students in the CELL's mission of service. This was not accomplished in the fall 2021 semester due to the pandemic. In the spring 2022 semester, the CELL committee offered and promoted opportunities for volunteering. The inability to gather during the pandemic may have negatively impacted intent to volunteer in the community, as the survey result was slightly less than the target of 90%.</p>	<p>The CELL committee will seek to co-sponsor larger activities, highlighting the mission of the CELL and the college. (12/02/2022)</p>

AU Outcome: CELL 2.1

Alumni will demonstrate community service

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - Alumni survey item: To what extent did your educational experience influence your desire to provide service to your community? (not at all, very little, some, quite a bit, very much) Target: 50% of alumni reported that their educational experience influenced their desire to provide service to their communities at least "some" (i.e., not at all, very little, some, quite a bit, very much). Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Surveys of 2020-2021 graduates indicated that 52% of graduates reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 33%, quite a bit = 16%, very much = 3%). (No data provided for DMS or PH.)</p> <p>This target has been met consistently for the last for years: 2019-2020 Alumni: 79% of alumni reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 61%, quite a bit = 16%, very much = 2%). (No data provided for DMS or PH.) 2018-2019 alumni: 73.4% of alumni responding to the alumni survey reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 41%, quite a bit = 22%, very much = 11%). (No data provided for DMS, EdD, or PH.)</p>	<p>Action: For 2022-2023, a variety of volunteer activities will continue to be sponsored and co-sponsored by the CELL (both small and large group). Additionally, volunteer events will be promoted on social media. (09/30/2022)</p>

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>2017-2018 Alumni: 71% responding to alumni reported their education at Allen College influenced their desire to provide service to their community at least "some." (09/30/2022) Action Plan Impact: Per the proposed action plan for 2021-2022, the CELL promoted service-learning opportunities for students, as the pandemic allowed, with the facilitation of a few smaller group activities. Service testimonials were published on social media.</p> <p>Although service activities were more limited during the pandemic for the 2020-2021 academic year (for which the survey was conducted), the service and service-learning culture within the college environment may have influenced the desire of graduates to provide service to their community.</p>	
<p>AD: Survey - Alumni survey item: How many hours of community service have you been involved in during the past 12 months? (0, 1-4, 5-9, 10-14, 15-19, 20-24, 25 or more) Target: 40% of alumni responding to the survey report performing 1-4 hours of service during the past 12 months [Target reduced from 60% to 40% starting 2022-2023 academic year and from 1-4 hours from 5-9 hours for 2023-2024 academic year] Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Of the 2020-2021 graduates (n = 262) who returned their programs' alumni surveys, 20% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 36%; 1-4 hrs = 22%; 5-9 hrs = 8%, 10-14 hrs = 3%; 15-19 hrs = 3%; 20-24 hrs = 1%; 25 or more hrs = 5%).</p> <p>This target has consistently not been met for several years: 2019-2020 grads: 26% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 45%; 1-4 hrs = 29%; 5-9 hrs = 5%, 10-14 hrs = 3%; 15-19 hrs = 0%; 20-24 hrs = 13% 25 or more hrs = 5%). 2018-2019 grads: 29.7% reported they have been involved in at least "5-9" hours of community service during the past 12 months (5-9 = 10.9%, 10-14 = 9.4%, 1 (09/24/2022) Action Plan Impact: The action plan from 2021-2022 of CELL committee consideration of the target of 60% was not performed. Therefore, no changes to the target were made in 2021-2022. There was a CELL leadership transition at the end of 2022. Future action plans will have a delayed affect due to timing of the survey.</p>	<p>Action: For 2022-2023, the CELL will consider adjusting this target. If adjustments are made, it will not be reflected until the 2022-2023 graduates are surveyed during the 2023-2024 academic year. Additionally, the CELL will consider promotion of service beyond graduation. (09/26/2022)</p>

AU Outcome: CELL 2.2

Promote leadership development through community service

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
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Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Survey - Exit Survey question: Did you participate in any on or off campus committees, organizations, or projects outside of required coursework while you were a student at Allen College? (yes or no) Target: 40% of the respondents report participation in either on- or off-campus committees, organizations, or projects [target decreased from 60% to 40% starting 2023-2024 academic year] Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No For the programs reporting, 39.62% of exiting students indicated that they participated in either on -or off-campus committees, organizations, or projects while attending Allen College, which demonstrates a decrease of 10 percentage points since the 2020-2021 academic year, when 50% indicated that they participated in either on -or off-campus committees, organizations, or projects while attending Allen College. The results for this measure have been consistently below the target of 60% for several reporting years. (09/30/2022) Action Plan Impact: The action plan proposed for 2021-2022 was as follows: Activities will continue to be offered with new sites added as available. Service opportunities will be offered on a variety of days and times to attempt to accommodate the various schedules of the programs. This was done in part due to necessity with the pandemic. Revisiting additional opportunities and varying schedules is appropriate.</p> <p>While some service activities were limited in the fall of 2021 due to the pandemic, various opportunities still existed for committee and organizational work, and projects. Varying the scheduling of service events was discussed during CELL committee meetings, but regardless, student engagement has been a challenge.</p> <p>Related Documents: Exit Survey Service Report 2021-2022.pdf</p>	<p>Action: For 2022-2023 academic year, to facilitate achievement of the target, the committee will discuss feasibility of the target and clarification of the survey question. (12/02/2022)</p>
<p>AD: Survey - Honors Program and Service Learning course rosters Target: 35% of each cohort in the in the traditional BSN track enrolls in the service honors program or a service-learning elective [target changed from "...upper division pre-licensure BSN program" to "in the traditional BSN track" starting 2023-2024 academic year] Timeframe: Annually Responsible Parties: Center for</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No The 1221 cohort had 31% (9/29) students participate in either service honors or a service-learning elective. The 0522 cohort had a 23.3% (7/30) participation rate completing either service honors or a service-learning elective, traveling to Guatemala in Spring '22. This is an increase from the previous year, when the December cohort had no participants due to COVID and the May 2021 cohort had 9.7% participation in either service honors or a service-learning elective, traveling to Guatemala in Spring '21. (09/29/2022) Action Plan Impact: The proposed action plan for 2021-2022 was to continue to offer a variety of service-learning options for electives for the upper division nursing students as permitted by pandemic. Different travel destinations may be considered within the guidelines for travel</p>	<p>Action: Maintain current service learning options as electives in the traditional BSN program and consider additional options as new curricula (Traditional and Accelerated) are implemented. (09/29/2022)</p>

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Engagement, Learning, and Leadership Committee/CELL coordinator	related to the pandemic. Only one service-learning elective was offered in the spring of '22, which may have limited participation. On Nov. 15, 2021, the CELL committee eliminated the 20% cap on the number of students enrolled into the service honors program. This decision will allow for an increase in the number of students selecting the service honors program as their elective. This increase will be seen in future years as these students are still completing the program.	
<p>SL: Survey - Exit Survey question: While participating in on- or off-campus committees, organizations, or projects, did you assume a leadership role? (yes or no) Target: 40% of respondents report managing or leading an organization [target increased from 15% to 40% starting 2023-2024 academic year] Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the exiting students who reported having participated in an on or off campus committee or organization while they were a student at Allen College (n = 63, 39.62), 34 (53.97%) reported assuming a leadership role while participating on the committee. These results demonstrate a improvement compared to previous reporting years, which demonstrate the target has consistently been exceeded.</p> <p>2020-2021: 47% 2019-2020: 41% 2018-2019: 45% (12/02/2022) Action Plan Impact: The action plan proposed for 2021-2022 was for the CELL to seek student input from student groups to develop leadership opportunities, in order to better understand why students are motivated to lead. While one student participated on the CELL committee during the 2021-2022 academic year and provided occasional input, the committee did not specifically question student groups about leadership roles. Therefore, the action plan did not impact the results. Related Documents: Exit Survey Service Report 2021-2022.pdf</p>	<p>Action: For 2022-2023 academic year, students will continue to be invited to serve on committees and perform ambassador roles within the college. (12/02/2022)</p>

AU Outcome: CELL 3.1

Collaborate with partners in the community

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Report - Internal - Rosters from	Reporting Year: 2021 - 2022 (Year 4)	

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>college-wide service activities (formerly "Signup sheets from service days") Target: 25% of students attend college-wide community service events yearly (formerly 15%) Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Target Met: No Due to the pandemic, there were no college-wide service events held in the fall of 2021. This impacted the results for this measure, as it did in 2020-2021. Two service days were held in the spring semester, Backpackin' the Dome at UNI, sponsored by the Northeast Iowa Food Bank, was held on a no-class Monday in January, and trail clean-up for Cedar Valley Trails Partnership was held on a Monday in April. For both events combined, student participation was 7/479, based on spring enrollment, or 1.5%. Results for this target have been trending downward, even prior to the pandemic, and this target has not been met for the past four years.</p> <p>Service days for the spring 2022 semester were promoted through visual presentations on campus and email announcements. The CELL committee discussed factors affecting college-wide service days during meetings in the fall and spring semesters (varying student schedules, online students, outdoor activities, etc.), but the target was not adjusted due to the uncertainty brought about by the pandemic. (09/26/2022) Action Plan Impact: The proposed action plan for 2021-2022 was to reinstate college-wide service opportunities as the pandemic allows and to reconsider how service is reported and if the target is still appropriate since the target has not been met for several years.</p> <p>Although college-wide service days were reinstated in the spring of 2022, student participation remained well-below the target. The target was not evaluated by the CELL committee in 2021-2022.</p>	<p>Action: For 2022-2023: The CELL committee will reconsider how service is reported and if the target is still appropriate since the target has not been met for several years. (09/26/2022)</p>
<p>SL: Service - Service stories posted on social media Target: Featured service stories on social media will reach 1,500 people and have 15 "likes". Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Eleven stories were posted on social media during this reporting year: 9/11 (82%) reached at least 1500 people. Four stories reached over 4000 people. 11/11 (100%) had at least 15 "likes".</p> <p>These results have increased over the previous two years, when 7/14 (50%) reached at least 1500 people and 13/14 (93%) had at least 15 "likes", and when 5/15 (33%) reached at least 1500 people and 13/15 (87%) had at least 15 "likes".</p> <p>Throughout the year, the CELL committee promoted the sharing of our service stories on</p>	<p>Action: For 2022-2023: The CELL committee will encourage college organizations and class groups to share their service stories on social media. (09/26/2022)</p>

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>social media to fellow co-workers and college organizations to increase awareness of the college's mission of service in the community. (09/26/2022)</p> <p>Action Plan Impact: The proposed action plan for 2021-2022 was for the CELL to work with college groups to increase awareness of the mission of service by posting service stories and seeking "likes" on social media.</p> <p>The continued increase in views demonstrates that the action plan was impactful in increasing awareness.</p>	

Admin - Enrollment Management

AU Outcome: EM 9.0

Students are represented on college committees

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Opportunity for student involvement in college committees</p> <p>Target: Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied)</p> <p>Timeframe: Year 4</p> <p>Responsible Parties: Dean of</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>Students reported the importance of involvement on student committee at a 5.57 and satisfaction as 5.95. This gap is greater than the .50.</p> <p>Last year's results: Using question 43 on RNLSSI, the students scored the importance and their satisfaction with the opportunities for involvement in college committees were: Importance = 5.49 – satisfaction = 5.83 How do they compare to last year?</p> <p>Action Plan: There was not an action plan for the 2020-21 year. (11/15/2022)</p> <p>Action Plan Impact: Include opportunities to serve on committees at orientation. Include the opportunity for the Allen College Ambassadors.</p>	

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Admin - Enrollment Management

AU Outcome: EM 9.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Enrollment Management		

AU Outcome: EM10.0

Recognize Student Scholarship

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Report of student accomplishments recognized on social media Target: Report is completed and includes number of student accomplishments recognized and likes, shares, and comments. Timeframe: Annually Responsible Parties: Registrar</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Graduates and academic honors were posted on the Allen College Facebook page for summer 21, fall 21, and spring 2022.</p> <p>Graduates</p> <p>The Summer 2021 Facebook post resulted in: 20 comments, 9 shares, 125 likes</p> <p>The fall 2021 Facebook post resulted in: 38 comments, 48 shares, 268 likes</p> <p>The spring 2022 Facebook post resulted in: 6 comments, 6 shares, 13 likes</p> <p>Honors Posts</p> <p>The Summer 2021 Facebook post resulted in: 5 comments, 2 shares, 27 likes</p> <p>The fall 2021 Facebook post resulted in: 11 comments, 15 shares, 108 likes</p> <p>The spring 2022 Facebook post resulted in: 2 comments, 4 shares, 39 likes</p>	<p>Action: We will continue to use this method and look at the possibility of using Instagram as well. (09/15/2022)</p>

Admin - Enrollment Management

AU Outcome: EM10.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Last year we accidentally reported summer 2021 as summer 2020, so those numbers are the same. The other numbers have dropped drastically, so I do not believe our action plan did anything to increase awareness of student success at Allen College.</p> <p>(09/15/2022)</p> <p>Action Plan Impact: Last year we accidentally reported summer 2021 as summer 2020, so those numbers are the same. The other numbers have dropped drastically, so I do not believe our action plan did anything to increase awareness of student success at Allen College.</p>	

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Service - RA:135 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level I-Fall Semester Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA135 Community Service/Service Learning Evaluation was 88.80%. This year's score was significantly lower at 77.46%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2017 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2021 = 77.46% (n=13) Previous data: 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) 2016 = 72% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue</p>	<p>Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. (09/01/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. One student stopped participating in the course and did not submit a paper resulting in a zero. Many of the deductions were in the research and writing portion of the grade rubric. Many had APA errors and did not follow assignment instructions. Some students offered minimal reflection of the activity and minimal research of the organization and the overall cause. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	
<p>SL: Service - RA: 265 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA265 Community Service/Service Learning Evaluation was 84.56%. This year's score was significantly lower at 71.41%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2018 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. The assignment instructions and grade rubric were discussed face to face with all students the first day of the semester. Students were provided with links to writing resources within the assignment description in Blackboard. One student was advised for an Academic Integrity violation for plagiarism which resulted in a reduced score. One student only completed 2.5 hours of the required 9 hours which resulted in a low score. One student submitted the assignment late resulting in a 10% grade reduction on the total grade. One student received a 32% total score due to a poor-quality unprofessional paper; this student was advised. A few papers were submitted that did not respond to all assignment questions and/or provided limited research and reflection. Most deductions were in the writing and research portions of the grade rubric. Overall, all students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The instructors will place the paper assignment instructions within the assignment drop box in Blackboard instead of in the syllabus. The 9-hour requirement will be stated/bolded within the grade distribution section of the syllabus. Students will be provided with additional APA resources. (09/01/2022)</p>

AU Outcome: ASR 4.2

Students will practice professionalism

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I- Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.34. This year's average score of 3.47 was slightly higher, yet consistent with prior data. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism.</p> <p>2021: 3.47 (n=13)</p> <p>Previous data: 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in the areas of the performance criteria, organization of assignments, initiative, policies and procedures, and ethical and professional behaviors. There was a decrease in the area of student appearance from last year. Overall, the students to continually demonstrate their ability to practice professionalism.</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.65. This year's average score was higher at 3.86. Looking at data from 2016 to the present, this year's average score was the highest out of all cohorts. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism.</p> <p>Spring 2022 = 3.86 (n =17)</p> <p>Previous data: 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14)</p>	<p>Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. (09/01/2022)</p>

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	2016: 3.6 (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased over prior years; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. Some of the comments on the evaluations were: Student are taking initiative to be involved in the exams and keep busy. The students continue to demonstrate their ability to practice professionalism.	

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam. Fall 2021 avg 4.65 Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 (12/15/2022) Action Plan Impact: Per the 2021-2022 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure</p>	<p>Action: To meet the target during the 2022-2023, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. (12/15/2022)</p>

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

AU Outcome: DMS 4.2

Students will practice professionalism in the clinical lab setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Scores remain high. Students continue to demonstrate professional in the clinical setting.</p> <p>Fall 2021 avg 4.88</p> <p>Fall 2020 avg 4.975 (n=5)</p> <p>Fall 2019 Avg 4.93</p> <p>Fall 2018 Avg. 4.92</p> <p>Fall 2017 avg score is 4.8 (n=7)</p> <p>Fall 2016 average score is 4.86 (n=5). (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2022 action plan, faculty will continue to use current evaluation forms for clinical assessments for faculty, CI and student review to identify areas of concern, and make recommendations/plan for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure.</p>	<p>Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement (12/15/2022)</p>
<p>SL: Clinical evaluation tool - DMS:409 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p> <p>Timeframe: Didactic Level - Spring Semester</p> <p>Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Scores remain high. Students continue to demonstrate professional in the clinical setting.</p> <p>Spring 2022 avg 4.91</p> <p>Spring 2021 average score 5.0 (n=5)</p> <p>Spring 2020 average score 4.95(n=6)</p> <p>Spring 2019 Avg. 4.93 (n=9)</p> <p>Spring 2018 avg score is 4 (n=7)</p> <p>Spring 2017 avg 4.83 (n=4) (12/15/2022)</p> <p>Action Plan Impact: Per the 2020-2021 action plan, faculty would continue to use existing forms for evaluation. Faculty would then review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure.</p>	<p>Action: To continue to meet or exceed the target/benchmark for this measure during the 2022-2023 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (12/15/2022)</p>

Program (HS) - Doctor of Education (Ed.D.)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 3.1

Students will demonstrate organizational and systems leadership to advance quality improvement and systems change.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 700: Organizational Development and Change in Education – Discussions Target: Students will receive an average score of >90% for all discussions within the course Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Fall 2021 – 1 student 100% of students received a score of >90% Overall average score = 100% (210/210) Fall 2014 – 100% (average) Fall 2017 – 100% (average) Fall 2019 – Met; 98.3% (average); n=2 These results demonstrate the target (100% of students will receive an average score of >90% for all discussions within the course) has been consistently met (4/4 times) since the 2014-2015 academic year. (08/17/2022) Action Plan Impact: The 2019-2020 action plan for the 2021-2022 academic year indicated no changes would be made to this assignment. Within each module, students discussed various organization development and change topics related to educational environments. Discussion board posts are graded using a rubric, and written and verbal discussions are assigned. Many of the discussions were designed to help students process and apply information to written paper assignments. Students were engaged and active in these discussions. This course was taught as an 8-week course for the first time in fall 2021, and the course was QM certified prior to delivery.</p>	<p>Action: This assignment will be included the next time this course is taught with no revisions. Students will continue to be assessed according to the rubric and provided feedback on their performance. (08/17/2022)</p>
<p>SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project Target: 100% of students will receive a score of >=85%</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 5.0 Required formats to document

Students will demonstrate professional and ethical responsibility in advocating for clients and OT by articulating the value of OT to policy makers and the public.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Clinical - 613 – Advocacy Assignment Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 5 (Spring) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort at 100% (20/20 points) (12/02/2022) Action Plan Impact: The assignment and rubric was analyzed and minor changes were made although minor changes failed to capture student critical learning components details as expected.	Action: Primary instructor to provide lecture and provide instruction on assignment expectations, expand rubric details to better demonstrate student expectations, and assignment to be individualized versus group completion. (12/02/2022)

AU Outcome: MS in OT 6.0 Ethical Principles

Students will incorporate ethical consideration to practical situations to demonstrate proficiency leading to improved client and professional outcomes.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Exam/Quiz - Teacher-made - OT 613 – Ethics Assessment Target: Average cohort score of 90% or higher	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Students average score was 29.11 /30 pts possible with cohort average of 97%. (12/02/2022) Action Plan Impact: Delivery of application of critical reasoning was analyzed and changes to	Action: Current delivery of application of material provided increase of positive results. Plan to review materials and deliver to compare if delivery and

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 6.0 Ethical Principles

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Timeframe: 2nd Year of program, Semester 5 (Spring) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	delivery were made and positive results noted.	assignments between groups continue to display positive results. (12/02/2022)

AU Outcome: MS in OT 10.0 Develop program evaluation

Students will demonstrate skills in developing programs for individuals, groups, and communities.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
SL: Didactic - OT 603 – Program Plan Presentation Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 4 (Fall) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score 97% (12/02/2022) Action Plan Impact: This is an improvement from 2020 average cohort score of 95%.	Action: Faculty will continue to review the rubric for this presentation. Faculty will provide opportunities for students to explore and develop programs for individuals and communities with emerging needs. (12/02/2022)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.1

Students will integrate leadership skills and construct professional practices.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
MI: 460 Service Learning Project (MRI) Target: Average score of \geq 80% Timeframe: Spring Semester	Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The Spring 2022 MI 460 Service-Learning Project average score is 88%. This is slightly lower but still comparable to the Spring 2021 average score of 91.5%. Professionalism was	Action: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: MI: 460 Course Instructors/HS Curriculum Committee</p>	<p>demonstrated. 2022 = 88% (n=1) Previous data: 2021 = 91.5% (n=2) 2020 (n=3) This measurement tool was altered for this cohort due to COVID-19 2019 = 94% (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. The action plan was effective. Minor points were deducted in the categories of APA format, overall writing, and quality of activity. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. The student was able to demonstrate leadership skills and construct professional practices. Professionalism was developed and established.</p>	<p>to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. (09/08/2022)</p>
<p>MI: 445 Service Learning Project (CT) Target: Average score of >= 80%. Timeframe: Spring Semester Responsible Parties: MI: 445 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The Spring 2022 MI 445 Service-Learning Project average score is 100%. This measurement tool was altered for the 2021 cohort, but the average score is comparable to prior data. Professionalism was demonstrated. 2022 = 100% (n=1) Previous data: 2021 (n=1) This measurement tool was altered for this cohort due to COVID-19 2020 (n=0) 2019 = 99% (n=1) (09/08/2022) Action Plan Impact: The action plan from 2019-2020 was implemented for Spring 2022 due to no available data last cohort. The instructor provided a detailed rubric to the student at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. The action plan was effective. The student provided good research, followed proper APA guidelines, and demonstrated their ability to integrate leadership skills and construct professional practices. Professionalism was demonstrated.</p>	<p>Action: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. (09/08/2022)</p>

AU Outcome: MI 4.2

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.2

Students will practice professionalism.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Summer Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, the average score of the MI480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.63. This year’s average score is higher at 4.0. It’s difficult to determine the significance since there was only one student evaluated this cohort. Students continue to demonstrate their ability to establish, develop, and practice professionalism. 2022 = 4.0 (n=1) Previous data: 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) 2019 (n=0) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The clinical instructors continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide direct patient care. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting.</p>	<p>Action: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. (09/08/2022)</p>
<p>SL: Clinical evaluation tool - MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Summer Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.5. There is no prior data for the last two years due to students obtaining employment in CT and opting out of the summer externship course. The students continue to demonstrate their ability to establish, develop, and practice professionalism. 2022 = 3.5 (n=1) Previous data: 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) (09/08/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the program faculty met with</p>	<p>Action: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. (09/08/2022)</p>

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>each student prior to starting their clinical rotations to discuss professionalism. The clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The action plan was effective. The student met or exceeded all expectations of the clinical instructors regarding the following areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting.</p>	

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Students will maintain competency in the laboratory field of study

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine</p> <p>Target: 75% of students will receive an average score of >80%</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Program Chair/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Fall 2021 (n=16)</p> <p>100% (15/15) of students received an average score of >80%</p> <p>Overall average = 43.4/45 points (96.4%)</p> <p>2020 (n=15) = target met (89.1% - overall average)</p> <p>2019 (n=6) = target met (91.7% - overall average)</p> <p>2018 = target not met (91.1% - overall average)</p> <p>2017 = 88.4% (overall average)</p> <p>2016 = 96.2% (overall average)</p> <p>2015 = 90.9% (overall average)</p> <p>These results demonstrate the target (75% of students will receive an average score of >=</p>	<p>Action: This course was retired as a result of a curriculum update for the 2022-2023 academic year. This measure will be retired. (08/17/2022)</p>

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Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Measures	Results	Actions
	<p>80%) has been met for the last three years after not being met during the 2018-2019 academic year. (08/17/2022)</p> <p>Action Plan Impact: The target for this item has been met for three years in a row. In order to meet this target this year, the assignment written instructions and recording were reviewed for clarity. Additional information about deductions for each section of the assignment was included in a new handout—What will earn a deduction? —to provide additional explanation on what was expected in the assignment.</p>	

Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

Student will be able to recognizes the role of cultural factors in the delivery of public health services

Outcome Status: Active

Measures	Results	Actions
<p>SL: Didactic - PH: 420 Final report Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3% (05/17/2022) Action Plan Impact: Despite simplifying the assignment to remove a recorded voice narration over slides, scores dropped. This is largely attributable to one student who did not complete parts of the project and received a low grade. The median score was 88.3%.</p>	<p>Action: The project has multiple parts which can be confusing for students. A checklist will be included so students do not accidentally leave out sections. (05/17/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Model the professional role.

Outcome Status: Active

Start Date: 08/01/2014

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - NU 335 Clinical Evaluation Tool – Professional Behaviors Target: 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. Timeframe: Annually Responsible Parties: Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, 100% (6/6) of the students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. In Fall 2021, 100% (33/33) of the students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. In NU335 Summer 21 (Accelerated) 100% (32/32) of the students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. In NU 335 Fall 21 (Traditional) (28/28) of the students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. In NU 335 Spring 22 (Traditional) 100% (24/24) of the students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. (10/11/2022) Action Plan Impact: These results are consistent with the results from the previous academic year. Emphasized in clinical orientation the importance of the FOCUS values and that professional behavior is an expectation of clinical and with all clinical experiences. Clinical Faculty reminded students to emulate these qualities in all clinical experiences including professional dress. Emphasis on the importance of the FOCUS values and that professional behavior is an expectation was communicated during clinical orientation. Students were reminded by their clinical instructor to emulate these qualities, as well as, a professional appearance during their clinical experiences. Related Documents: Outcome 7 NU 335 Final Clinical Evaluation.pdf</p>	<p>Action: Will continue to emphasize in clinical orientation the importance of the FOCUS values and the importance of professional behavior is an expectation in all clinicals and clinical experiences. Will continue to have Clinical Faculty remind students to emulate these qualities in all clinical experiences and remind the students that professional dress is also included in the professional role. Will continue to include teaching and communication during clinical orientation on the importance of the FOCUS values. Students will additionally be reminded to emulate these qualities, as well as, a professional appearance during all clinical experiences. Students who demonstrate unprofessional behaviors will be placed on a clinical contract. (10/11/2022)</p>
<p>SL: Didactic - RN NU 355 Personal Philosophy Paper Target: 100% of students will receive at least 75% on personal philosophy paper. Timeframe: Annually Responsible Parties: Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, 100% (4/4) of students achieved at 75% or above. In Spring 2022, the 1 student in the course achieved greater than 75%. (10/11/2022) Action Plan Impact: The 2020-2021 academic year student results are consistent with the prior academic year. Directions for the paper and required components were revised based on sections students consistently scored lower on. These changes then led to a revision of the grading rubric. These changes positively impacted the achievement of the target outcome. Related Documents:</p>	<p>Action: No specific changes to the assignment or grading rubric are planned for the 2022-2023 academic year. This is based on students meeting the target outcome based on the current assignment directions and grading rubric. A Panopto recording is available to students that provides</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
	Outcome 7 NU355 Philosophy Paper.docx	teaching on the required metaparadigm components of the paper. (10/11/2022)
<p>SL: Clinical evaluation tool - NU 491C & NU 492 Clinical Evaluation Tool – Professional Behaviors Target: 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. Timeframe: Annually Responsible Parties: Responsible Parties: BSN Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Fall 2021 NU 492A 93% (25/27) students received a "Demonstrates Competency" rating on the Professional behavior criteria on the final clinical evaluation tool. Fall 2021 NU 491C 100% (20/20) students achieved a "Demonstrates Competency" rating on the Professional behavior criteria on the final clinical evaluation tool. Spring 2022 100% (30/30) students achieved a "Demonstrates Competency" rating on the Professional behavior criteria on the final clinical evaluation tool. Summer 2021 100% (28/28) students achieved a "Demonstrates Competency" rating on the Professional behavior criteria on the final clinical evaluation tool. (10/11/2022) Action Plan Impact: These results are not consistent with the previous academic year. 2 students in NU 492 during the Fall 2021 semester did not successfully meet requirements to pass this class. Typically 100% of students meet this criteria every semester. There were no changes to this criteria from the previous academic year. Students must meet the "demonstrating competency" for all criteria on the final clinical evaluation tool to successfully pass NU491C and NU 492. Related Documents: Outcome 7 NU491C and NU 492 Final Clinical Evaluation Tool.docx</p>	<p>Action: In order to continue to meet this target, faculty will emphasize the importance of meeting the "demonstrating competency" for all criteria on the final clinical evaluation tool to successfully pass NU 491C and NU 492 during clinical orientation. Course faculty will follow up with students individually if they are struggling to "demonstrate competency" in this area. (10/11/2022)</p>
<p>AD: Survey - Alumni Survey Item: How well BSN education prepared you to model the professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to model the professional role. Timeframe: Annually Responsible Parties: CIRE,</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 33 of 129 2020-2021 BSN graduates invited to do the alumni survey answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their BSN education prepared them well or very well to perform this outcome. These results are consistent with previous alumni surveys (2017-2018, 2018-2019, 2019-2020), which showed that 100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate.</p>	<p>Action: Survey2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Evaluation & Study Committee	<p>Related Documents: BSN Alumni Survey 2020-2021 Grads.pdf</p>	
<p>AD: Survey - Employer Survey Item: How well BSN graduate models the professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable (e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate models the professional role well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 9 employers of 2020-2021 BSN graduates participated in the employer survey. 100% reported the BSN graduate performs this outcome well or very well. These results are consistent with the previous 3 years, when employers have reported that 80-100% of graduates perform this outcome well or very well. (09/30/2022) Action Plan Impact: The previous action plan to survey employers of graduates 1-2 years after graduation, monitor for trends in performance, and report results to the Dean and BSN Program Director was appropriate. Related Documents: BSN Employer 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and BSN Program Director. (09/30/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Summative Evaluation - Summative Evaluation Tool: Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations Target: 100% of students achieve an</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 100% (1/1) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 6.0. Results are consistent with the following academic year (2020-2021) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 6.0. (10/14/2022) Action Plan Impact: Per the 2020-2021 action plan for 2021-2022, summative evaluations were completed for all students. The summative evaluation is completed at program</p>	<p>Action: Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee</p>	<p>completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool.</p>	<p>program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (10/14/2022)</p>
<p>SL: Didactic - NU750 Leadership and Collaboration Service-Learning Project assignment Target: 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for 2021-2022). Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Summer 2021 - NA - course not taught Fall 2021 - 100% (13/13) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2022 - NA - course not taught Summer 2020 - NA - course not taught Fall 2020 - 100% (15/15) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2021 - NA - course not taught Overall 100% of students met the established target, which is consistent with results from the previous academic year (07/20/2022) Action Plan Impact: Lectures were added in to enhance learning from the readings and increase collaboration with discussions. Textbook was updated to newest version.</p>	<p>Action: In order to continue to meet the target, course faculty will update the IOM assignment as appropriate to facilitate learning and add updated/clearer expectations to enhance understanding of the Service Learning Assignment. (07/20/2022)</p>
<p>AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to assume leadership</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 2/2 2020-2021 DNP graduates answered questions about program outcomes on the alumni survey administered summer 2022. 100% reported their DNP education prepared them well or very well to perform this outcome. These results are consistent with previous surveys of DNP alumni. (09/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates. Related Documents:</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (09/30/2022)</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>DNP Alumni Survey 2020-2021 Grads.pdf</p>	
<p>AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 1/2 employers participated in the employer survey. The employer reported the outcome was not applicable (e.g., the graduate does not perform it or it is not pertinent to current role). These results are not consistent with the results of previous DNP employer surveys. (11/30/2022) Action Plan Impact: The previous action plan, to survey of 2019-2020 DNP graduates spring/summer of 2021 and assess for continuation of positive trend in alumni perceptions was appropriate, except there were no 2019-2020 DNP graduates.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and DNP Program Director. (11/30/2022)</p>
<p>SL: Clinical evaluation tool - Clinical Evaluation Tool "collaboration" criterion Target: 95% of students will achieve an acceptable level on "collaboration" criterion on the faculty clinical evaluation tool Timeframe: Annually Responsible Parties: Course Faculty</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes BSN-DNP students were included in the MSN program data. Results indicate that the target was met with all MSN/BSN-DNP students except NU550 Fall 21 when 89% (16/18) of students met the target. (10/15/2022) Action Plan Impact: Data is not available from the last reporting year (2020-2021), as BSN-DNP students were not enrolled in clinical courses.</p>	<p>Action: To meet this target for the 2022-2023 academic year, course faculty will continue to review preceptor evaluations and/or assess student performance through OSCEs. Contact with preceptors will be maintained throughout the course to evaluate progress towards outcomes. BSN-</p>

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
		DNP student data will be included separately on course summaries to adequately capture this group's data. (10/15/2022)

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

Apply quality principles to promote patient safety and positive individual and systems outcomes.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-"Safety/Outcomes" criterion Target: 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of safety outcomes in clinical experiences. Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Report - Internal - Graduate Project Evaluation Form - Item #3 Apply quality principles to promote patient safety and positive outcomes Target: 100% of students achieve an acceptable level (1) on both paper</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 63 of 63 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. (12/07/2022)</p>	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee</p>	<p>Action Plan Impact: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target.</p>	
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 90-100% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes. All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Evaluation & Study Committee</p>	<p>Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	

AU Outcome: MSNO 7.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical Evaluations-Collaboration Criterion Target: 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. Timeframe: Annually Responsible Parties: MSN Program Director / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all but NU 550 course Fall 21 (16 of 18, 89%) See attached report - 2021 -2022 CAP Summary MSN Outcomes 1,3,7,8</p> <p>Reflection on results and action plan from previous year: Results are lower than previous reporting year (2020-2021) (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of collaboration in clinical experiences. Related Documents: 2021-2022 CAP Summary MSN Outcomes 1,3,7,8.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Report - Internal - Graduate Project Evaluation Form - Item #7 Collaborate within interprofessional teams. Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 63 of 63 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty preceptor and approved prior to the final presentation. (12/07/2022) Action Plan Impact: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan and develop their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target.</p>	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 19/23 2020-2021 MSN graduates who responded to the alumni survey administered summer 2022 answered questions about program outcomes. 18/19 (95%) reported their MSN education prepared them well or very well to perform this outcome. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of alumni reported performing this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 7/9 immediate supervisors of 2020-2021 MSN graduates invited to do the employer survey answered questions about program outcomes. All 7 (100%) reported the graduate performed this outcome well or very well. These results are consistent with previous reporting years (2017-2018, 2018-2019; 2019-2020) when 85-94% of employers reported the graduate performed this outcome well or very well. (09/30/2022) Action Plan Impact: The plan to survey employers of graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. Related Documents: MSN Employer Survey 2020-2021 Grads.pdf</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
Responsible Parties: Evaluation & Study Committee		

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Apply quality principles to promote patient safety and positive individual and systems outcomes

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations- "Safety Outcomes" criterion Target: 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%. See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4.</p> <p>2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of safety outcomes in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes 3/9 2020-2021 PGC graduates completed the alumni survey. 100% reported the MSN program prepared them well to demonstrate this program outcome in professional nursing practice. This result is consistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on graduat's perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and monitor for response trends was appropriate.</p>	<p>Action: Results were reported to the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated.</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Related Documents: PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	<p>(09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director. (09/30/2022)</p>

AU Outcome: PGC 3.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations- "Collaboration" criterion Target: 95% of students achieve an</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Target met with all courses at 100%.</p>	<p>Action: To meet this target for the 2022-2023 academic year course faculty will review preceptor</p>

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>acceptable level on “Collaboration” criterion on Faculty Clinical Evaluation Tool. Timeframe: Annually Responsible Parties: Director MSN Program / Graduate Curriculum Committee</p>	<p>See attached report -2021-2022 CAP Summary PGC Outcomes 1,2,3,4. 2020-2021 Results are the same. Target met at 100% for clinical courses (07/18/2022) Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of collaboration in clinical experiences. Related Documents: 2021-2022 CAP Summary PGC Outcomes 1,2 3, 4.pdf</p>	<p>evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes (07/18/2022)</p>
<p>AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No 3/9 2020-2021 PGC graduates completed the alumni survey. 66.67% reported the MSN program prepared them well to demonstrate this program outcome in professional nursing practice. 1 reported "poorly" (33.33%). This result is inconsistent with perceptions of 2019-2020 and 2018-2019 graduates of the PCG program. The reason for this decrease in favorable perceptions is unknown. Respondents did not provide any comments on the survey. (09/30/2022) Action Plan Impact: The MSN PGC curriculum has a favorable impact on most graduates' perceptions of how well they were prepared to perform the outcome. The 2020-2021 action plan to survey 2020-2021 MSN-PGC graduates during 2022 and monitor for response trends was appropriate. Related Documents: PGC Program Alumni Survey 2020-2021 Grads.pdf</p>	<p>Action: Results were reported to the Dean and Director of MSN PGC program. 2021-2022 Alumni will be surveyed summer of 2023, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (09/30/2022)</p>
<p>AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within interprofessional teams to manage and improve health care services for individuals,</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA No data. Permission not received from 2020-2021 graduates to survey employers, nor was permission from 2019-2020 graduates provided. Therefore, the survey of PGC graduates has not been done the last two academic years. (09/30/2022) Action Plan Impact: The plan to survey graduates within 2 years after graduation, monitor for</p>	<p>Action: Survey employers of 2021-2022 graduates within 2 years after graduation, monitor for trends in performance of this program outcome, and report results to the Dean and MSN Program Director.</p>

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee</p>	<p>trends in performance of this program outcome, and report results to the Dean and MSN Program Director, is appropriate. However, the employer survey was not done due to lack of permission from graduates.</p>	<p>(09/30/2022)</p>

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Remain a fiscally sound institution

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>AD: Report - Internal - Grant proposal writer’s record of submissions Target: Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants Timeframe: Annually Responsible Parties: President</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes For the reporting year 2021-2022, Allen College submitted a total 13 grants that had a potential cumulative value of \$3,666,687. The number of grants submitted (n=13) in 2021-2022 did not meet the target of grant applications to submit (n=20); however, the value of the potential cumulative value for grant funding was 955% higher in 2021-2022 compared to 2020-2021. One of the awards received in 2021-2022 was from a grant application submitted prior to July 1, 2021, that was then approved after that date.</p> <p>2021-2022 # Grants Submitted: 13 Potential Value: \$3,666,687 # Grants Funded: 9 Value of Grants Funded: \$1,696,249</p> <p>2020-2021 # Grants Submitted: 19 Potential Value: \$378,277 # Grants Funded: 13 Value of Grants Funded: \$449,183</p> <p>2019-2020 # Grants Submitted: 20 Potential Value: \$359,500 # Grants Funded: 7 Value of Grants Funded: \$359,500</p> <p>(10/18/2022) Action Plan Impact: Even though this measure did not meet the target of submitting 20 grants for the reporting cycle, the amount of grant dollars received exceeded awarded amounts from the two prior academic years combined. The action plan last year stated the College's</p>	<p>Action: To meet target in 2022-2023, the College leadership and grant writers will evaluate the grants which will have the highest potential for success and focus on pursuing those opportunities</p> <p>Action Plan: For 2022-2023, it is recommended to continue to employ the strategy from 2021-2022 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. If we do not meet the target of submitting 20 grant application during 2022-2023, it is recommended to change the target for this outcome to be more reflective of our grant writing strategy. (10/18/2022)</p>

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>leadership and grant writer will evaluate the grants that have the highest potential for success. This success was evident based upon submitting a fewer number of grants (n=13) but getting funding on 9 (69% success rate) which was higher than 2020-2021 (68% success rate) and 2019-2020 (35% success rate). Also, the College had a period of time in summer 2021 when the position was unfilled due to a departure before the current grant writer was hired in September 2021. The first grant the new grant writer submitted was a Federal Department of Education grant for Rural Postsecondary Attainment which took several months to complete and we intentionally did not attempting to pursue other grants during this time frame. Overall, even though the number of grants that were submitted did not meet target, this reporting year was one of the most successful grant periods in the College's history.</p>	
<p>AD: Report - Internal - Allen foundation record of scholarships Target: Annual increase in number of endowed scholarships Timeframe: Annually Responsible Parties: Administrative Assistant to the President</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The number of newly established endowed scholarships increased in 2021-2022 (n=5) compared to 2020-2021 (n=4). Establishing five new endowed scholarships in 2021-2022 along with eight additional endowed scholarships from 2020-2021 allowed Allen College to set a record amount of scholarship distributions to students during the 2021-2022 scholarship award cycle.</p> <p>2021-2022</p> <ul style="list-style-type: none"> • # New Endowed Scholarships: 5 • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 <p>2020-2021</p> <ul style="list-style-type: none"> • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 <p>2019-2020</p> <ul style="list-style-type: none"> • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 5 • # Endowed Scholarships 1st-Time Awarded: 5 (10/19/2022) 	<p>Action: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2021-2022 academic year. (10/19/2022)</p>

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
	<p>Action Plan Impact: The 2021-2022 Action Plan was effective, and the College president and Foundation staff sought to increase scholarship support and establish new endowed scholarships. Fundraising events/activities were held throughout the year to support scholarships in addition to meeting with individual donors and organizations.</p>	
<p>AD: Report - External - Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions Target: Allen College is among the least expensive private colleges offering pre-licensure BSN programs. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Please see attached chart which is for 2021-22, which shows us as second out of fourteen for all and first out of thirteen when excluding the state institution. Allen College is now lower in costs compared to Mercy College in HS when compared to 2019-2020 when Allen College was more expensive than Mercy College in HS and is now the least expensive private college in Iowa offering pre-licensure BSN programs. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2020-2021, the Board approved a 1% increase in tuition and fees, which is the same increase as 2019-2020. The tuition increase is a data-driven decision each year and our action item from 2020-2021 on monitoring other institutions' tuition and fees to inform the decision. (08/30/2022) Action Plan Impact: Our action plan for 2020-21 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2022 budget process, Allen College currently is the least expenses private colleges in Iowa offering pre-licensure BSN programs. Related Documents: Tuition and fees 2021-22.pdf</p>	<p>Action: We continue to be a tuition driven institution, therefore we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. (08/30/2022)</p>
<p>AD: Report - Internal - Allen College balance sheet: Compare December 31 of current year to prior year. Target: Annual increase in College's endowment Timeframe: Annually Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Upon review of the December 31, 2021 balance sheet, the permanently restricted assets represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments. Our action to continue to increase fund was successful as this account increased from \$8,005,129 as 12/31/20 to \$9,135,041 of as of 12/31/21, which is an increase of 14.1%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which decreased from the prior year by \$414,391 or -36.7%. The total permanently restricted net assets (both accounts) increased between 2020 and 2021 by \$715,521 or 7.8%. The percent increase does reflect the efforts of the</p>	<p>Action: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. (09/14/2022)</p>

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
	<p>College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. [less] (09/14/2022)</p> <p>Action Plan Impact: Our action to continue to increase fund was successful as this account increased from \$8,005,129 as 12/31/20 to \$9,135,041 of as of 12/31/21, which is an increase of 14.1%</p> <p>Related Documents: 12-31-2020 AC Balance Sheet.pdf 12-31-21 Balance Sheet.pdf</p>	
<p>AD: Report - Internal - Projected credit hours compared to actual credit hours.</p> <p>Target: Actual credit hours meet or exceed projected credits hours annually.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Dean of Enrollment Management & DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>During the 2021 calendar year, 14,703 actual credit hours were taught compared to 15,840 budgeted credit hours. The decreases in credit hours were in all programs except for BSN and MLS for 2021. Our total credit hours decreased from 2020 to 2021 from 15,382 to 14,703. The COVID-19 pandemic greatly affected our credit hours in 2020 and continued to in 2021 due to our cohort model. Many clinical sites had restrictions because of the COVID-19 pandemic we had to reduce our number of spots for enrollment in FA-20, which impacted our credit hours for 2020 and 2021. (09/14/2022)</p> <p>Action Plan Impact: Per the action plan proposed for 2021-2022 we did use existing enrollment forecast for 2021 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. Also, due to clinical site restrictions because of the COVID-19 pandemic we had to reduce our number of spots for enrollment in FA-20, which impacted our credit hours into 2021.</p> <p>Related Documents: Credit Hours 12-31-21.pdf</p>	<p>Action: For budget for the 2022 calendar year, adjustments were made to the enrollment forecasting template used to project credit hours due to the continuation of the SARS-CoV-2 pandemic. Even though the credit hour projection is an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. (09/14/2022)</p>
<p>AD: Report - Internal - Allen College year-end income statement: Actual performance compared to budget</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p>	<p>Action: We continue to use actual financials to come up with an</p>

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Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
<p>performance Target: Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted operating margin percentage. Timeframe: Annually Responsible Parties: DOBAS</p>	<p>We budgeted a 5.5% operating margin for 2021 but we ended 2021 with a 7.3% operating margin due to our action plan being successful and using mitigation when credit hours didn't come in for our budgeted revenue. We came in \$279,113 better than budget for the year. Our operating margin dropped from 2020 12.8% to 7.3%. (09/14/2022) Action Plan Impact: We did implement mitigation measures in 2021 as prescribed by the 2020 action plan. The 2021 mitigation action plan was successful and due to that action we were able to meet or exceed budget. Related Documents: UPH Flex Income Statement December 2021-Updated after bonus.xls</p>	<p>starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there we can only mitigate to help offset expenses to point that we can still operate. (09/14/2022)</p>

AU Outcome: Admin 3.0

College receives external monetary contributions in the form of grants, scholarships, and gifts

Outcome Status: Active

Measures	Results	Actions
<p>AD: Report - Internal - Internal Total Donations to College for Year Target: Amount of monetary donations increase. Timeframe: Annually Responsible Parties: President</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Allen College and UnityPoint Health – Waterloo Foundation were not able to increase the monetary amount donated 2021-2022 compared to 2019-2020. The 2020-2021 amount was over \$1,000,000 more than 2019-2020 due to a variety of factors including some capital projects. If we exclude the 2020-2021 amount and compare the 2021-2022 totals to 2019-2020, the amount raised in 2021-2022 exceed that year's total by \$300,000. 2021-2022 June 1, 2021 – May 31, 2022: Allen College received the following gifts: Cash: \$935,602 Gift-in-Kind: \$13,528 Pledges: \$78,514 Stock/Property: \$29,772 Other:</p>	<p>Action: Even though the target for 2021-2022 was not met, it was still a very successful fundraising year for the College. It is worth noting that the economic climate during this timeframe was unfavorable due to high inflation and a declining market. These conditions contribute to decreased ability to donate by some donors. As the unfavorable market conditions look to extend into 2022-2023, the College's Leadership will work very closely with the UnityPoint Health - Allen Foundation to make donation</p>

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Admin - Administration

AU Outcome: Admin 3.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Total: \$1,057,418</p> <p>2020-2021 June 1, 2020 – May 31, 2021: Allen College received the following gifts: Cash: \$1,571,863.08 Gift-in-Kind: \$5,908.00 Pledges: \$291,635.40 Stock/Property: \$6,592.68 Other: Total: \$1,875,999.16</p> <p>2019-2020 June 1, 2019 – May 31, 2020: Allen College received the following gifts: Cash: \$313,726.42 Gift-in-Kind: \$4,065.08 Pledges: \$410,181.82 Stock/Property: \$470.95 Other: Total: \$728,444.27 (10/25/2022)</p> <p>Action Plan Impact: Based upon 2020-2021 action plan, the UnityPoint Health - Allen Foundation used more non-traditional methods of reaching donors due to challenges related to the SARS-CoV-2 pandemic. Multiple events were moved online and the Foundation leveraged the relationship with Eddie Thompson and Associates. Even though the total amount of funds raised in 2021-2022 was down compared to the prior year, it still is classified as a successful fundraising year.</p>	<p>asks that tend to resonate well with donors like funding to support students. Unless market conditions improve, it will be a challenge to meet this target for 2022-2023. (12/05/2022)</p>

AU Outcome: Admin 4.0

Allen College has appropriate technology for facilities, resources, and education services.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
AD: Report - Internal - Number of	Reporting Year: 2021 - 2022 (Year 4)	Action: Monitor work load of

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
<p>FTEs allocated for instructional technology, media services, and, instructional, designer.</p> <p>Target: College provides at least 2.0 FTEs to support faculty technology needs.</p> <p>Timeframe: Annually</p> <p>Responsible Parties: DOBAS</p>	<p>Target Met: Yes</p> <p>The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers (0.5 is a grant funded position which ended in April 2022) and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. In 2020-21 total FTEs were 3.5 due to the grant funded position. (10/06/2022)</p> <p>Action Plan Impact: The Provost completed the action recommended in the 2020-2021 plan of reviewing the instructional design and AV work volume, and determined that the temporary instructional designer assignment scheduled to end in April 2022 was sufficient for our needs and does not need to be renewed.</p>	<p>current technology staff and review prior to 2023-24 budget cycle and budget additional staff if deemed necessary. (10/06/2022)</p>
<p>AD: Report - Internal - Number of major requests by Allen College for hardware-software</p> <p>Target: 50% of requests approved</p> <p>Timeframe: Annually</p> <p>Responsible Parties: DOBAS</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%.</p> <p>When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. (10/06/2022)</p> <p>Action Plan Impact: The action plan for 2021-22 was to continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Based on the results there is evidence that our requests are consistently completed/approved, and our hardware/software requests continue to be completed at 100%.</p>	<p>Action: For the 2022-23 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. (12/21/2022)</p> <p>Follow-Up: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
		requests are completed at 100%. (12/21/2022)
<p>SL: Survey - Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) Target: 75% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Students are surveyed for this measure every other year. In 2021-22, of the 85 students who answered this question, 81 (95.29%) rated the quality of services provided by the Barrett Library staff as good (n = 27, 31.76%) or excellent (n = 54, 63.53%). When comparing this to the previous survey in 2019-20, of the 110 students that answered this question, xx (95%) rated the quality of services provided by the Barrett Library staff as good (n = , 48.3%) or excellent (n = ,46.6%).</p> <p>The positive trend is noticeable when comparing the last three surveys: 2017-18 of 93%, 2019-20 of 95% and 2021-22 of 95% for students who rated the quality of services provided by the Barrett Library staff as good or excellent. The target has consistently been exceeded by more than 17-20 percentage points the last three times the survey has been administered. (02/23/2022)</p> <p>Action Plan Impact: Per the last proposed action plan, the library budgeted or obtained funding to maintain or increase library assistant hours to better serve students, and continued to update library resources to accommodate students' learning styles and technology needs. This action plan appears to have been effective in facilitating achievement of the target for the current reporting year.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of our faculty and students to ensure the target of favorable responses continues to be met or exceeded. Target will be increased for 2023-24 to 85% due to favorable trend in survey responses. (02/23/2022)</p> <p>Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>
<p>SL: Survey - Library Survey Question: How would you rate the quality of Barrett Library's online resources (poor, average, good excellent)? Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In 2021-22, of the 113 students who answered this question, 3 respondents reported never using the Barrett Library's online resources. Of the 110 other respondents 95 (86%) rated the online resources excellent (n = 34, 31%) or good (n = 61, 55%). When compared to the previous survey in 2019-2020 129 (86%) rated the quality of online resources excellent (39.3%) or good (46.7%), and in 2017-2018 (question was slightly different; it asked about physical and online resources): 119 (87.5%) rated physical and online resources excellent (45.6%) or good (41.9%). These results indicate students have consistently rated the library's online resources good or excellent. (02/23/2022)</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students, to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022)</p>

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Admin - Administration

AU Outcome: Admin 4.0

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	
<p>SL: Survey - Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library's physical and online collections (poor, average, good excellent)?") Target: 85% favorable responses (good or excellent) Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) Responsible Parties: Director of Library Services</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the 99 students answering this question, 26 reported not having used the resources. Of the 73 students who had used the resources, 68 (93%) rated the library's collections and physical resources excellent (n = 32, 44%) or good (n = 36, 49%). (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more resources in diverse formats to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats) to satisfy different learner preferences. Based on the consistently favorable survey results, the action a plan appears to have been effective.</p>	<p>Action: Library staff will continue to monitor and upgrade on-line library resources to meet the increasing needs of our faculty and students which changes annually due to program curricular updates, to ensure the target of favorable responses continues to be met or exceeded. (02/23/2022) Follow-Up: This question needs updated target from 75% - 85% for next survey results in 2023-24. (12/16/2022)</p>
<p>AD: Survey - Library Survey Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy, very easy) Target: 75% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library. Timeframe: Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.)</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Of the 97 students answering this question, 92 (95%) reported it is very easy (n = 37, 38%) or somewhat easy (n=55, 57 %) to find the physical materials they are looking for in the library. 2019-2020 Survey: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%). The target for this measure has consistently been exceeded by 14-20 percentage points the last three times the survey has been administered. (02/23/2022) Action Plan Impact: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use</p>	<p>Action: Barrett Library will continue monitor needs of physical and on-line resources to effectively and sustainably provide library resources while providing greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Target</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
<p>Responsible Parties: Director of Library Services</p>	<p>or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year.</p>	<p>will be increased for 2023-24 to 85% due to the favorable trend in survey responses. (02/23/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “24. The equipment in the lab facilities is kept up to date.” Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No Lab facilities from the SSI reports that 88% of students rated this item important or very important and 75% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2020-21 results of 69% satisfaction, this is a 6% increase which is trending in the right direction toward the goal of at least 80%. (10/06/2022) Action Plan Impact: The action plan for 2021-22 was to monitor and maintain the lab facilities and looked for ways to update. In 2021-22 sonography equipment was added to the DMS lab. Two grants were applied for to update the simulation and skills lab facilities and simulation equipment, the outcomes of which are not yet known. The Nursing skills lab received new clinical female and male pelvic trainers. These efforts were possibly contributing factors to the positive score trend.</p>	<p>Action: Continue to update lab facilities for appropriate equipment and setting. Many projects are in process for 2022-23 to increase/update lab facilities. Current plans are underway to complete an anatomy lab in early 2023 for DPT. We also submitted a three year Title III grant that includes simulation equipment and should have a funding answer in late 2022. Continue to collaborate with the hospital and other UPH facilities to acquire lab equipment (possible Sim Anne and sonography equipment are examples). (10/06/2022)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “39. On the whole, the school is well- Target: 80% of students report satisfied or very satisfied [need to verify target] Timeframe: Annually Responsible Parties: Buildings & Grounds</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes The maintaining of the school from the SSI reports that 89% of students rated this item important or very important and 94% were satisfied, indicating a -5% performance gap. This is an improvement by 1% in student satisfaction from the 2020-21 SSI survey. (10/06/2022) Action Plan Impact: Our 2021-22 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2021-22 campus updates such as new patio furniture, renovation to Gerard Hall faculty offices and student</p>	<p>Action: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as DPT anatomy lab renovation, DPT secure access to their programmatic space, campus card access updates, security mirrors for Winter Hall entrance,</p>

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Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
	collaboration space, and classroom AV and Gerard Hall bathroom updates are examples of ongoing campus maintenance that most likely contributed to this positive outcome.	and orchard maintenance. (10/06/2022)

AU Outcome: Admin 6.0

Financial Aid policies and processes are fair and timely

Outcome Status: Active

Measures	Results	Actions
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Access to financial aid Information during admissions process. Target: 80% of students report satisfied or very satisfied on questions [need to verify target] Timeframe: Annually Responsible Parties: Financial Aid</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No The SSI results from spring 2022 showed 72% of students reported as either extremely satisfied or satisfied with access to financial aid during admissions. Comparison to prior year is not available because it was reported out as a mean rather than a percentage. (12/09/2022) Action Plan Impact: For the prior reporting cycle we communicated frequently with students to let them know they can contact the financial aid office via email, phone or in person with responses within one business day. Utilizing this approach did not yield results that met our target.</p>	<p>Action: For 2023-2023, we are going to communicate with students immediately upon receiving the application for admission. Students also now have the option to select financial aid staff for a meeting when scheduling to meet with admission counselors for an on-campus visit. (02/09/2023)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with “5. Financial aid awards are announced in time to be helpful in planning.” Target: 80% of students report satisfied or very satisfied on questions [need to verify target] Timeframe: Annually Responsible Parties: Financial Aid</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No The SSI results from spring 2022 showed 64% of students reported as either extremely satisfied or satisfied with financial aid awards being announced in a timely manner. This compares unfavorably with last year when 72% of students reported being satisfied or highly satisfied. (12/09/2022) Action Plan Impact: In 2020-2021, the action plan was for the financial aid staff to use auto-packaging in CAMS to create award letters to distribute to students as soon as the Pell charts were released by the Department of Education. The ability to generate the FA award letters is dependent upon the technology in CAMS. Despite all efforts by the financial aid team, students are not satisfied with the ability to provide award letters in a timely manner.</p>	<p>Action: For 2022-2023, a new student information system (SIS) is being implemented during the summer semester. The new SIS will provide a better platform to get award letters to students. The FA team will work with the SIS developers to ensure award letters are generated more quickly than the current system. Since this will not be deployed until late in the</p>

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Admin - Administration

AU Outcome: Admin 6.0

Measures	Results	Actions
		reporting year, it may not have an impact on 2023-2024 results; however, the impact should be apparent in subsequent years. (02/09/2023)
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "15. Financial aid counseling is available if</p> <p>Target: 80% of students report satisfied or very satisfied on questions [need to verify target]</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Financial Aid</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>The SSI results from spring 2022 showed 78% of students reported as either extremely satisfied or satisfied with financial aid counseling being available. This compares unfavorably with last year when 80% of students reported being satisfied or highly satisfied. (12/09/2022)</p> <p>Action Plan Impact: Based upon the 2021-2022 action plan, the College's financial aid team have met in-person or virtually with students and coordinated efforts with enrollment management to connect with students or prospective students. During 2021-2022, the financial aid office had staff turnover and role changes which resulted in training a new financial aid counselor. Despite the efforts, the results this year were lower than the previous academic year.</p>	<p>Action: For the 2022-2023 academic year financial aid will working more closely with the admission and enrollment management offices to be alerted to students who are having financial aid questions. The College and Foundation have developed the "You Matter Award" which gives the financial aid team the ability to apply emergency financial assistance to those students who are in acute need. Information on the "You Matter Award" will be communicated to students. (02/09/2023)</p>
<p>AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "23. This institution helps me identify resources to finance my education."</p> <p>Target: 80% of students report satisfied or very satisfied on questions [need to verify target]</p> <p>Timeframe: Annually</p> <p>Responsible Parties: Financial Aid</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>The SSI results from spring 2022 showed 62% of students reported as either extremely satisfied or satisfied with the institution helping the identify resources to fund their education. This compares favorably with last year when 61% of students reported being satisfied or highly satisfied. (12/09/2022)</p> <p>Action Plan Impact: Per the action plan proposed for 2021-2022, Allen College continued to promote the Allen scholarship application as well as outside scholarship resources. Students will also receive communication regarding state grants and deadlines to apply. However, these efforts did not result in the target being achieved.</p>	<p>Action: For the 2022-2023 academic year, the financial aid team will help promote the Allen Legacy program, the Rural Tuition Grant, and the Last Dollar Scholar program to eligible students as opportunities to help finance their education. (02/09/2023)</p>

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Admin - Administration

AU Outcome: Admin 6.0

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Students will practice proper radiation protection

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.94. This year's average score of 3.95 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. Fall 2021 = 3.95 (n=13) Previous data: 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) 2016 = 3.89 (n=13) (08/30/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction and guidance enables the students to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum.</p>	<p>Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. (08/30/2022)</p>
<p>SL: Clinical evaluation tool - RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.98. This year's average score is slightly higher at 4.0. This years</p>	<p>Action: To continue to exceed the benchmark for this measure during the 2022-2023 academic year, the</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Target: Average score of ≥ 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee</p>	<p>data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2022 = 4.0 (n=17) Previous data: 2021= 3.98 (n= 16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019 = 4 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016=3.96 (n=17) 2015=3.96 (n=15) (08/30/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2020-2021 was successful. Each student's performance demonstrated clinical proficiency and competency in providing radiation protection. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection.</p>	<p>program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. (08/30/2022)</p>

AU Outcome: ASR 1.2

Students will apply correct positioning skills

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 Target: Average score of ≥ 3. (0-4 pt. scale)</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.98. This is slightly higher than last year's average of 3.93. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills</p>	<p>Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Timeframe: Level I-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>during radiography procedures. 2022= 3.98 (n=10) Previous data: 2021= 3.93 (n=17) 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) 2017 = 4 (n=12) 2016= 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program.</p>	<p>be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess this item. (08/31/2022)</p>
<p>SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level II-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This score is very consistent when comparing it to all prior data through 2016. All cohorts starting in 2016 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures. 2021=3.96(n=17) Previous data: 2020=3.95 (n=16) 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) (08/31/2022)</p>	<p>Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student’s level in the program. Faculty will continue to provide effective instruction in the classroom and lab. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting.</p>	

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11</p> <p>Target: Average score >= 3.5 (0-4 pt. scale)</p> <p>Timeframe: Level I-Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.27. This year's average score of 3.52 is an increase when compared to 2020 and 2019. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting.</p> <p>2021: 3.52 (n=13)</p> <p>Previous data:</p> <p>2020: 3.27(n=22)</p> <p>2019: 3.47(n=19)</p> <p>2018: 3.67(n=13)</p> <p>2017: 3.68(n=14) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
<p>SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II -Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee</p>	<p>scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care.</p> <p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.66. This year's average score demonstrated an increase with a score of 3.92. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting.</p> <p>Spring 2022 = 3.92 (n=17)</p> <p>Previous data: 2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) 2016-2017 = 3.95 (n=15) 2015-2016 = 3.97 (n=17) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting.</p>	<p>Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I-Fall Semester</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.94. This score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2017. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting.</p> <p>2021 = 3.94 (n=13)</p>	<p>Action: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision,</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee</p>	<p>Previous data: 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting.</p>	<p>and feedback to the students in the clinical setting. (08/31/2022)</p>
<p>SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2015. Students consistently demonstrate effective communication skills in the clinical setting. 2022 = 4 (n=17) Previous data: 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the</p>	<p>Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

Outcome Status: Active

Start Date: 09/25/2023

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA115 Patient Care Presentation was 96%. This year's average score of 97.7% is slightly higher, yet remains consistent. Students continue to earn an average score of 96% or higher since 2017. This data shows that students consistently continue to practice effective written communication skills. 2021= 97.7% (n=12) Previous data: 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) (08/31/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research papers. The action plan was effective. In text citation seems to be the biggest issue when it comes to the students' papers. Overall, students continue to demonstrate effective written communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to remind students of the resources available on the Allen College website. (08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p>	<p>Action: The course instructor will</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

Measures	Results	Actions
<p>Target: Average score of $\geq 85\%$ Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>In Fall 2020, the average score of the RA258 Pathology Systems Presentation was 98%. This year's average score of 94.8% is slightly lower. Students continue to exceed benchmark with continually receiving a score of 94.8% or higher since 2017. The students demonstrate the ability to practice effective written communication skills.</p> <p>2021=94.8% (n=17) Previous data: 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan is effective. Even with a lower score this year when compared to prior years, the student's continue to exceed benchmark. Each student completes two papers during the course. The majority of students struggled and had points deducted in the format section of the paper, this was due to spelling errors and APA formatting errors. Allen College website has multiple resources available to the students for writing help. Overall, the students continue to practice effective written communication skills.</p>	<p>continue to discuss the paper requirements with the students and encourage them to review APA guidelines. (08/31/2022)</p>

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)

Outcome Status: Inactive

Inactive Date: 09/25/2023

Measures	Results	Actions
<p>SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of $\geq 85\%$ Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>This year's average score of the RA115 Patient Care Presentation was 92.6%. This is slightly lower than last year's average score of 99%. While the current data is slightly lower, benchmark continues to be exceeded. All students continue to demonstrate effective oral communication skills.</p> <p>2021=92.6% (n=12)</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to assist them when writing their papers.</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

Measures	Results	Actions
	<p>Previous data: 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor continues to discuss paper requirements with the students. All papers in the RA115 course were presented in person. Ten of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. This can be reduced by having the students practice their presentations before presenting them. Overall, the action plan was effective and all students continue to demonstrate effective oral communication skills.</p>	<p>(08/31/2022)</p>
<p>SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes</p> <p>This year's average score of the RA258 Pathology Systems Presentation was 94.8%. This is consistent with last year's average score of 95%. When looking data from 2017-2021, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills.</p> <p>2021=94.8% (n=17)</p> <p>Previous data: 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) (08/31/2022)</p> <p>Action Plan Impact: As proposed in the 2021-2021 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor continues to remind the students of the resources available on the Allen College website. The resource page includes a Panopto video that assists the students when writing their research paper. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear. One paper did not discuss the reason for the selection of the pathology topic, and 3 student paper presentations did not meet the requirements of the 8 minutes in length. Overall, the action plan was effective as all students demonstrated effective oral communication skills.</p>	<p>Action: The course instructor will continue to discuss the paper requirements with the students. The course instructor will continue to provide and remind students of resources available to them to assist with writing their research papers. (08/31/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - RA: 255 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II-Summer Semester Responsible Parties: RA: 255 Course Instructors/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes This year's average score of the RA255 Radiographic Image Analysis Worksheets was 90%. This is just slightly lower than Summer 2020's average score of 91.94%. Overall, the student's have consistently exceeded benchmark since 2016 demonstrating their ability to appropriately critique radiographic images. 2021 = 90% (n=17) Previous data: 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) 2017=87.75% (n=12) 2016: 90.19% (n=16) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. This text offers multiple images to assist the students in mastering critically analyzing and critiquing images. The action plan was effective. Overall, all students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images.</p>	<p>Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. (09/01/2022)</p>
<p>SL: Didactic - RA: 265 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Fall 2020, the average score of the RA265 Radiographic Image Analysis Worksheets was 91.69%. This year's average score is slightly lower at 88.88%. This is not considered a significant decrease. Since 2017, all cohorts consistently score an average of 88-93%. The students demonstrated the ability to appropriately critique radiographic images. 2021=88.88% (n=17) Previous data 2020 = 91.69% (n=16) 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12)</p>	<p>Action: The instructor will continue to assign learning opportunities from the new 5th edition textbook. The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>2017 = 88.83% (n=12) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was effective. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. Although there was a slight decrease in the overall average for this cohort when compared to the prior year, this cohort scored much the same as 2019. Students are encouraged to make the most of the time allotted for completing this assignment, but some still choose to wait until just before the due date to access the worksheet. Worksheets are allowed 2 attempts, and the scores are averaged, but some students choose to only complete it one time.</p>	<p>advantage of the 2 attempts allowed. (09/01/2022)</p>

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Standardized - RA: 203B Corectec exams</p> <p>Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams.</p> <p>Timeframe: Level II- Spring Semester</p> <p>Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>In Spring 2022, only 71% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. With a benchmark of 80%, this is the second year in a row where benchmark was not met demonstrating that not all students could effectively practice critical thinking. Prior to 2021, all cohorts consistently exceeded benchmark.</p> <p>2022 = 71% (n = 17) achieved a 70 or greater on one of the four exams.</p> <p>Previous data:</p> <p>2021 = 69% (n = 16)</p> <p>2020 = 90% (n=10)</p> <p>2019 = 100% (n=12)</p> <p>2018 = 100% (n=12)</p> <p>2017 = 93% (n=15)</p> <p>2016 = 100% (n=17)</p> <p>2015 = 93% (n=15)</p>	<p>Action: To meet or exceed benchmark for the 2022-2023 year, the instructor will review the guided review assignments and consider revisions that may better assist the students in achieving at least a 70 score on one of the 4 Corectec exams. The instructor will also share the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, in Sp23 the RA275 Professional Development Practicum course</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

Measures	Results	Actions
	<p>(09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructor restructured the scheduling of the first exam based off of student feedback. The instructor continues to encourage time management skills for comprehensive review and continues to encourage the use of all learning resources throughout the course. Based on student feedback from the Sp21 course offering, the first exam was scheduled 9 days after the end of spring break compared to only 4 days after spring break in Sp21. The change in exam date scheduling had no impact on the first attempt exam scores. This action plan was not effective. Not all students were able to demonstrate the ability to practice critical thinking.</p>	<p>instructors will consider requiring attendance for both days of the student seminar and applying the mock board score the students earn at the seminar towards the RA275 course grade. (09/01/2022)</p>
<p>SL: Didactic - RA:154 CT Topic Presentation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2021, the average score of the RA154 CT Topic Presentation was 96.24%. This year's average score of 96.75% is consistent with prior data and benchmark continues to be exceeded. This is only the second year that this measurement tool has been used so no additional data is available. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2022 = 96.75% (n=8) Previous data: Spring 2021 = 96.24% (n=13) (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the</p>	<p>Action: To continue to exceed benchmark for the 2022-2023 year, the instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	students did a great job at demonstrating their ability to practice critical thinking in the learning environment.	

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level I-Spring Semester</p> <p>Responsible Parties: RA: 145 Course Instructor/HS APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.65. This year's average score is almost exact at 3.66. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 3 years. Students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>Spring 2022 = 3.66 (N =10)</p> <p>Previous data:</p> <p>2020-2021 3.65 (N=18)</p> <p>2019-2020 3.6 (N=16)</p> <p>2018-2019 3.36 (N=13)</p> <p>2017-2018 3.53 (N=14)</p> <p>2016-2017 3.63 (N=12) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is a slight increase compared to the previous year. The student scores were higher than the previous year in the Application on Knowledge, Self-Image for Level in the ASR Program, and Composure and Adaptability. In the area of ability to follow directions there was no change over the prior year. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting.</p>	<p>Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p>	<p>Action: The clinical</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Evaluations/Numbers 2,4,7,8</p> <p>Target: Average score >= 3. (0-4 pt. scale)</p> <p>Timeframe: Level II- Fall Semester</p> <p>Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>In Fall 2020, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.75. This year's score was slightly lower at 3.57. This is the lowest score when looking at data from 2017 to the present, but the decrease would not be considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting.</p> <p>2021: 3.57 (n=17)</p> <p>Previous Data:</p> <p>2020: 3.75 (n=16)</p> <p>2019: 3.86 (n=11)</p> <p>2018: 3.81 (n=12)</p> <p>2017: 3.79 (n=12) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark; however, the students' scores decreased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting.</p>	<p>instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (09/01/2022)</p>

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Service - RA:135 Community Service/Service Learning Evaluation</p> <p>Target: Average score of >= 80%</p> <p>Timeframe: Level I-Fall Semester</p> <p>Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: No</p> <p>In Fall 2020, the average score of the RA135 Community Service/Service Learning Evaluation was 88.80%. This year's score was significantly lower at 77.46%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2017 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	<p>Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	<p>2021 = 77.46% (n=13) Previous data: 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) 2016 = 72% (n=13) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. One student stopped participating in the course and did not submit a paper resulting in a zero. Many of the deductions were in the research and writing portion of the grade rubric. Many had APA errors and did not follow assignment instructions. Some students offered minimal reflection of the activity and minimal research of the organization and the overall cause. All students did not demonstrate their ability to integrate leadership skills and construct professional practices.</p>	
<p>SL: Service - RA: 265 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2020, the average score of the RA265 Community Service/Service Learning Evaluation was 84.56%. This year's score was significantly lower at 71.41%. Benchmark was not exceeded this year. Looking at prior data, this is the first year since 2018 that benchmark was not met. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. (09/01/2022) Action Plan Impact: As proposed in the 2020-2021 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan was not effective for this cohort. The assignment instructions and grade rubric were discussed face to face with all students the first day of the semester. Students were provided with links to writing resources within the assignment description in Blackboard. One student was advised for an Academic Integrity violation for plagiarism which resulted in a reduced score. One student only completed 2.5 hours of the required 9 hours which resulted in a low score. One student submitted the assignment late resulting in a 10% grade reduction on the total grade. One student received a 32% total score due to a poor-quality unprofessional paper; this</p>	<p>Action: The instructors will place the paper assignment instructions within the assignment drop box in Blackboard instead of in the syllabus. The 9-hour requirement will be stated/bolded within the grade distribution section of the syllabus. Students will be provided with additional APA resources. (09/01/2022)</p>

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
	student was advised. A few papers were submitted that did not respond to all assignment questions and/or provided limited research and reflection. Most deductions were in the writing and research portions of the grade rubric. Overall, all students did not demonstrate their ability to integrate leadership skills and construct professional practices.	

AU Outcome: ASR 4.2

Students will practice professionalism

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level I- Fall Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: Yes</p> <p>In Fall 2020, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.34. This year's average score of 3.47 was slightly higher, yet consistent with prior data. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism.</p> <p>2021: 3.47 (n=13)</p> <p>Previous data:</p> <p>2020: 3.34 (n=22)</p> <p>2019: 3.51 (n=19)</p> <p>2018: 3.68 (n=13)</p> <p>2017: 3.68 (n=14)</p> <p>(09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in the areas of the performance criteria, organization of assignments, initiative, policies and procedures, and ethical and professional behaviors. There was a decrease in the area of student appearance from last year. Overall, the students to continually demonstrate their ability to practice professionalism.</p>	<p>Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. (09/01/2022)</p>
<p>SL: Clinical evaluation tool - RA:275</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	

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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13</p> <p>Target: Average score >= 3 (0-4 pt. scale)</p> <p>Timeframe: Level II-Spring Semester</p> <p>Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee</p>	<p>Target Met: Yes</p> <p>In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.65. This year's average score was higher at 3.86. Looking at data from 2016 to the present, this year's average score was the highest out of all cohorts. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism.</p> <p>Spring 2022 = 3.86 (n =17)</p> <p>Previous data:</p> <p>2021: 3.65 (n=16)</p> <p>2019: 3.51 (n=19)</p> <p>2018: 3.68 (n=13)</p> <p>2017: 3.68 (n=14)</p> <p>2016: 3.6 (n=13) (09/01/2022)</p> <p>Action Plan Impact: As proposed in the 2020-2021 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased over prior years; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. Some of the comments on the evaluations were: Student are taking initiative to be involved in the exams and keep busy. The students continue to demonstrate their ability to practice professionalism.</p>	<p>Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. (09/01/2022)</p>

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Clinical evaluation tool - DMS:</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p>	<p>Action: To meet the target during</p>

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>408 Clinical Instructor/Preceptor Evaluations Number 1</p> <p>Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4</p> <p>Timeframe: Didactic Level - Fall Semester</p> <p>Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee</p>	<p>Target Met: Yes</p> <p>Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam.</p> <p>Fall 2021 avg 4.65 Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 (12/15/2022)</p> <p>Action Plan Impact: Per the 2021-2022 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure</p>	<p>the 2022-2023, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. (12/15/2022)</p>

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.1

Students will advance the scholarship of education in a variety of health science and nursing professions.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment</p> <p>Target: 100% of students will receive a score of >= 85%</p> <p>Timeframe: When course is taught (e.g., 2015, 2018, etc.)</p> <p>Responsible Parties: Program Chair/ HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4)</p> <p>Target Met: NA</p> <p>Course not offered. (08/17/2022)</p> <p>Action Plan Impact: Course not offered.</p>	

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Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.1

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Didactic - EdD 790: Practicum in Health Professions Education – Course Discussions Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: NA Course not offered. (08/17/2022) Action Plan Impact: Course not offered.</p>	

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 9.0 Supervision guidelines

Students will demonstrate an understanding of the supervision guidelines for OT and other essential personnel.

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - OT 613 – Supervision Guidelines Assessment Target: Average cohort score of 90% or higher Timeframe: 2nd Year of program, Semester 5 (Spring) Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes Average cohort score 31.63/35 points at 90% average. (12/02/2022) Action Plan Impact: The action plan was implemented and the lecture and assignment were revised providing an increase in cohort score.</p>	<p>Action: Current delivery of application of material provided increase of positive results. Plan to review materials, adjust as necessary for new cohort and provide same materials to compare between groups. (12/02/2022)</p>

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

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Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

Student will be able to gather information on policy

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH 495 Final Exam Target: Average score >= 80% Timeframe: Summer semester Responsible Parties: PH 495 Course Instructor/HS Curriculum Committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Summer 2021, eight students earned an average of 91.25% on the exam. In Summer 2020, students (n=7) earned an average of 91% on the exam. In Summer 2019, 12 students took the final exam and received an average of 83.41%. (05/17/2022) Action Plan Impact: Eight commonly missed questions on the exam were rewritten or replaced with no significant results on exam scores.</p>	<p>Action: The course will only be taught by one instructor in Summer 2022 instead of being team-taught. Due to the change in instructors, the test will be altered to account for changes in the material presented to students. (05/17/2022)</p>

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: Yes In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and different instructors. [more] (04/28/2023) Action Plan Impact: There was no action plan for this item the previous year.</p>	<p>Action: The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity. (04/28/2023)</p>

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services

Outcome Status: Active

<i>Measures</i>	<i>Results</i>	<i>Actions</i>

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Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

<i>Measures</i>	<i>Results</i>	<i>Actions</i>
<p>SL: Exam/Quiz - Teacher-made - PH: 410 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee</p>	<p>Reporting Year: 2021 - 2022 (Year 4) Target Met: No In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam. (05/17/2022) Action Plan Impact: Answers were reviewed for fairness with five questions being rewritten or replaced. Students were allowed to take the exam twice in 2022, though they were not given access to the current answers. Four of the seven students opted to take it a second time, with an average improvement of 10.625 points out of 75 possible.</p>	<p>Action: A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created. (05/17/2022)</p>